

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90073 041 ****50.00

DOCUMENT # L01000013225

1. Entity Name

VSM2, LLC



Principal Place of Business

91831 OVERSEAS HWY. #205
 TAVERNIER FL 33070

Mailing Address

91831 OVERSEAS HWY. #205
 TAVERNIER FL 33070

2. Principal Place of Business

88480 Overseas Hwy

3. Mailing Address

88480 Overseas Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

Zip

33070

Country

Monroe

Zip

33070

Country

Monroe

4. FEI Number

65-1130960

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOLLEY, SHAWN
 1320 S. DIXIE HWY., STE. 1061
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

99551 Overseas Hwy, Ste 200

City

Key Largo

FL

Zip Code

33037

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME D Ralph Spear
 STREET ADDRESS 322 Woods Ave
 CITY-ST-ZIP Tavernier, FL 33070

TITLE ☐ Change ☒ Addition
 NAME D Mike Vogt
 STREET ADDRESS 471 NW 74TH AVE
 CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/02

305-852-3447
 Daytime Phone #

CR2E083 (9/01)