

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015979

1. Entity Name
VERETECH, LLC



Principal Place of Business
**150 E. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33432**

Mailing Address
**150 E. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33432**



03082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1134758

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEINSON, MICHAEL P
272 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000131581
04/27/04-80010-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHEINSON, MICHAEL P
STREET ADDRESS	272 S.E. 5TH AVENUE
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	MC FALL, MICHAEL J
STREET ADDRESS	150 E. PALMETTO PARK ROAD, SUITE 410
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	DE LAURIER, ARTHUR
STREET ADDRESS	150 E. PALMETTO PARK ROAD, SUITE 410
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	GROSS INVESTMENT COMPANY, LP
STREET ADDRESS	150 E. PALMETTO PARK ROAD, SUITE 410
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	ROSSI, VINCE
STREET ADDRESS	150 E. PALMETTO PARK ROAD, SUITE 410
CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

MARCH 31, 2004 (561) 395-5573

Date

Daytime Phone #