

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90052 007 ****50.00

DOCUMENT # L02000029566

1. Entity Name
VONRO PROPERTIES, LLC



Principal Place of Business

2582 SARATOGA DR.
COOPER CITY, FL 33026-1305

Mailing Address

2701 NORTH HIATUS RD., STE. 126
COOPER CITY, FL 33026-1305

24085363



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

07152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

13-4224726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.
1940 HARRISON ST., STE. 201-B
HOLLYWOOD, FL 33020-5072

7. Name and Address of New Registered Agent

Name JUMPING JAX TAX, INC.
Street Address (P.O. Box Number is Not Acceptable) 1940 HARRISON ST.
STE 201B
City HOLLYWOOD FL Zip Code 33020

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME EVANS, YVONNE H
STREET ADDRESS 2582 SARATOGA DR.
CITY-ST-ZIP COOPER CITY, FL 330261305

TITLE MGR ☐ Delete
NAME FRAZIER, RONALD E
STREET ADDRESS 2582 SARATOGA DR.
CITY-ST-ZIP COOPER CITY, FL 330261305

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #