

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000029658

1. Entity Name
VML HOLDINGS, LLC



Principal Place of Business
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0340589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ.
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAJARDO, MICHELLE
17465 SW 143 PLACE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GONZALEZ, VIVIAN E
10836 SW 145 COURT
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GONZALEZ, LUIS A
10836 SW 145TH COURT
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000724172
05/02/07-80099-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

02121/07

305 476 5270

Date

Daytime Phone #