


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 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
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01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0340589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000882813
04/16/08-80054-022 138.75

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	

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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:  *Michael Ortiz Auth. Rep.* 3/12/08 3054765270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #