

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033541					
1. Entity Name V & P INVESTORS, LLC					
Principal Place of Business 16216 EMERALD COVE ROAD WESTON, FL 33331			Mailing Address 16216 EMERALD COVE ROAD WESTON, FL 33331		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04152004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 57-1141189				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent VELASQUEZ, RUBERT JAVIER 16216 EMERALD COVE ROAD WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PINZON, MARCELA 16216 EMERALD COVE ROAD WESTON, FL 33331	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VELASQUEZ, RUBERT JAVIER 16216 EMERALD COVE ROAD WESTON, FL 33331	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RODRIDGUEZ, GUSTAVO 1406 BARCELONA WAY WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PINZON, MARCELA 16216 EMERALD COVE ROAD WESTON, FL 33331	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 #					