

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90314 017 ***138.75

DOCUMENT # L03000002314



1. Entity Name
VAVRUS RANCH, LLC

Principal Place of Business
**630 US HWY ONE STE 200
NORTH PALM BEACH, FL 33408**

Mailing Address
**630 US HWY ONE STE 200
NORTH PALM BEACH, FL 33408**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
42-1572739

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

7. Name and Address of New Registered Agent

**TASINI, OREN S ESQ
HAILE, SHAW & PFAFFENBERGER, P.A.
660 US HWY 1 SUITE 300
NORTH PALM BEACH, FL 33408**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VAVRUS, JUDITH FREUND
STREET ADDRESS 630 US HWY ONE STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE MGRM ☐ Delete
NAME VAVRUS, CHARLES
STREET ADDRESS 630 US HWY ONE STE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE MGR ☒ Delete
NAME FREUND, JOSEPH C
STREET ADDRESS 630 U.S. HWY ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE ☐ Delete
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 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: Judith Freund (Vavrus), Mgr. Judith Freund VAVRUS, April 21, 2008 / 561-848-9167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #