

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014506

Entity Name: VERMAR & SONS L.L.C.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

10539 CRAIG INDUSTRIAL DR.
SUITE 108
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

10539 CRAIG INDUSTRIAL DR.
SUITE 108
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 04-3755251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, ERIBERTO
10539 CRAIG INDUSTRIAL DRIVE
SUITE 108
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GONZALES, ERIBERTO A
Address: 2809 PRATT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: ARGUILLA, FREDDIE
Address: 1101 ROUND TREE CIR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR () Delete
Name: ARGUILLA, FRANCISCO SR.
Address: 2809 PRATT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIBERTO A GONZALES

P

04/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date