

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State

05-03-2005 90021 041 ****50.00
06-14-2005 90084 004 ****50.00

DOCUMENT # L03000014751

1. Entity Name
V INVESTMENTS LLC



Principal Place of Business
**5455 S.W. 8 STREET
SUITE 220
MIAMI, FL 33144 US**

Mailing Address
**%VIDAL M. VELIS
P.O. BOX 14-0729
CORAL GABLES, FL 33134 US**

20060201



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **42-1664147**
NOT APPLICABLE

Applied For
Not Applicable

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

**VELIS, VIDAL M
%JESUS F. BUJAN ESQ.
782 N.W. LEJEUNE ROAD SUITE 530
MIAMI, FL 33126**

Name **VIDAL MARINO VELIS**
Street Address (P.O. Box Number is Not Acceptable)
5455 SW 8 STREET
SUITE 220
City **MIAMI** FL Zip Code **33134**

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

Vidal Marino Velis

6-13-05

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 September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
VELIS, VIDAL M
P.O. BOX 14-0729
CORAL GABLES, FL 33114**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

**MGR
JOSEFA M. VELIS
5455 SW 8 STREET Suite 220
MIAMI, FL 33134**

☐ Change ☒ Addition

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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:

Vidal Marino Velis

6/13/05 (305) 632-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #