

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90241 029 ****50.00

DOCUMENT # L03000019327

1. Entity Name

V & L ASSOCIATES, LLC



Principal Place of Business

3430 GALT OCEAN DRIVE #1602
FORT LAUDERDALE FL 33308

Mailing Address

3430 GALT OCEAN DRIVE #1602
FORT LAUDERDALE FL 33308

2. Principal Place of Business

2712 NE 4 St

Suite, Apt. #, etc.

3. Mailing Address

2712 NE 4 St

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

14-1885254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLEDANO, VICTOR DR
3430 GALT OCEAN DRIVE #1602
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Victor Toledano

Street Address (P.O. Box Number is Not Acceptable)

2712 NE 4 St

City

Pompano Beach

FL

Zip Code

33062

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

Victor Toledano

(NOTE: Registered Agent signature required when reinstating)

3/13/05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME TOLEDANO, VICTOR
STREET ADDRESS 3430 GALT OCEAN DR #1602
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Victor Toledano
STREET ADDRESS 2712 NE 4 St
CITY-ST-ZIP Pompano Beach, FL 33062

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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:

Victor Toledano

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

Date

3/13/05

Daytime Phone #