## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032842

1. Entity Name

V.S. SETTLEMENT, LLC



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

2585 GLADES CIRCLE WESTON, FL 33326 Mailing Address

2585 GLADES CIRCLE WESTON, FL 33326



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 51-0480833 Not Applicable

5. Certificate of Status Desired \$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FINEBERG, LIBO B ESQ 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069-4870

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office</li></ol>	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 registered agent and title if applicable

MANIACINIC MEMBERS MANIACERS

(NOTE: Registered Agent signature required when reinstating)

DATE

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

į	9.	MANAGING MEMBERS/MANAGERS
	TITLE	MGRM
	NAME	GOLDMAN, RICHARD M
	STREET ADDRESS	2585 GLADES CIRCLE
	CITY-ST-ZIP	WESTON, FL 33326
	TITLE	MGRM
	NAME	GOLDMAN, RENEE K
	STREET ADDRESS	2585 GLADES CIRCLE
	CITY-ST-ZIP	WESTON, FL 33326
	TITLE	MGRM
	NAME	GOLDMAN, BRENT O
	STREET ADDRESS	2585 GLADES CIRCLE
	CITY-SI-ZIP	WESTON, FL 33326
	TITLE	MGRM
i	NAME	FINEBERG, LIBO B
١	STREET ADDRESS	3500 GATEWAY DR., #201
İ	CITY-ST-ZIP	POMPANO BEACH, FL 33069
ĺ	TITLE	
l	NAME	
l	STREET ADDRESS	
	CITY-ST-ZIP	
	TITLE	
ļ	NAME	
ĺ	STREET ADDRESS	
۱		

000000913583 05/08/08-80022-001 143.75

## DO NOT WRITE IN THIS SPACE

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:★

SIGNATURE AND TYPED

CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Breat Goldman

49 08. 954.38

Daytime Phone #