

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000040351

1. Entity Name  
VE AND EL OF DELRAY LLC



Principal Place of Business  
601 N. CONGRESS AVE. #403  
DELRAY BEACH, FL 33445

Mailing Address  
601 N. CONGRESS AVE. #403  
DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
56-2455746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOPEZ-MOSCOSO, ENRIQUE  
601 N. CONGRESS AVE. #403  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000218837  
02/08/05-80003-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOPEZ MOSCOSO, ENRIQUE  
601 N CONGRESS AVE STE 403  
DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOPEZ, VESNA  
601 N CONGRESS AVE STE 403  
DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X

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

X 2-2-05

Date

X (561) 272-1618

Daytime Phone #