

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jun 11, 2008 8:00 am
Secretary of State**

05-13-2008 90065 044 ***138.75

DOCUMENT # L03000044400

1. Entity Name
VCR, LLC



Principal Place of Business
8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473

Mailing Address
8188 JOG ROAD
SUITE 204
BOYNTON BEACH, FL 33473

30009160



04062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0390557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401

**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 releasing)

DATE _____

**FILE NOW!!! FEE'S \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
AQUA, KEITH MD
8188 JOG ROAD SUITE 204
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HERBST, SETH MD
8188 JOG ROAD SUITE 204
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 exemptions contained in Chapter 118, 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

5/25/08