

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000056423

1. Entity Name
V2 PROPERTIES, L.L.C.



Principal Place of Business
4021 N.W. 60TH AVE
VIRGINIA GARDENS, FL 33166

Mailing Address
4021 N.W. 60TH AVE
VIRGINIA GARDENS, FL 33166



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2430822

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33134

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VILLALOBOS, ALEJANDRO J
STREET ADDRESS	7420 NW 14TH ST
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	MGRM
NAME	VILLALOBOS, CARLOS J
STREET ADDRESS	4021 N.W. 60TH AVE
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166
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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: _____

Daytime Phone # _____