

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90132 018 \*\*\*\*50.00

**DOCUMENT # L04000005307**

1. Entity Name

**VERA & VERA WIEGAND, LLC**



Principal Place of Business

**830 N.E. 179TH TERR  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**830 N.E. 179TH TERR  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**AP-PLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

**VERA, M. ISABEL  
830 N.E. 179 TERR  
N MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **VERA, VALERIA C**  
STREET ADDRESS **830 N.E. 179TH TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **MGR** ☐ Delete  
NAME **VERA, MAURICIO**  
STREET ADDRESS **830 N.E. 179TH TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **S** ☐ Delete  
NAME **VERA, JORGE**  
STREET ADDRESS **830 N.E. 179TH TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **T** ☐ Delete  
NAME **VERA, MARIA I**  
STREET ADDRESS **830 N.E. 179TH TERR**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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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STREET ADDRESS  
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 exemptions contained in Section 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: *Valeria C. Vera*

**VALERIA C. VERA**

**2/14/06**

**305 650 0567**

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

Date

Daytime Phone #