

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 046 ***138.75

DOCUMENT # L04000015557

1. Entity Name
REAL ESTATE HOLDINGS OF VERO, LLC



Principal Place of Business
400 BEACH ROAD, APT. 228
VERO BEACH, FL 32963

Mailing Address
C/O ROSSWAY, MOORE & TAYLOR
5070 N HIGHWAY A1A STE 200
VERO BEACH, FL 32963

60009873



2. Principal Place of Business - No P.O. Box #
220 Shores Drive
Suite, Apt. #, etc.

3. Mailing Address
220 Shores Drive
Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State
Vero Beach, FL
Zip 32963
Country U.S.

City & State
Vero Beach, FL
Zip 32963
Country U.S.

4. FEI Number
20-0785436
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSWAY MOORE & TAYLOR
5070 N. HWY A-1-A,
SUITE 200
VERO BEACH, FL 32963

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
NELSON, KENNETH A II
400 BEACH ROAD, APT 228
VERO BEACH, FL 32963 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
Nelson, Kenneth A. II
220 Shores Drive
Vero Beach, FL 32963 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/19/08

Date

Daytime Phone #