## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90065 001 \*\*\*277.50 **DOCUMENT # L04000017044** 1. Entity Name VERÒ LODGING, LLC 30005198 Principal Place of Business Mailing Address 2655 NORTH OCEAN DRIVE 3540 FOREST HILL BLVD # 310 310 : \$14 (\$15)175% WEST PALM BEACH, FL 33404 SINGER ISLAND, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2655 NO OCEAN DR Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chq-LLC CR2E083 (12/06) 310 City & State 4. FEI Number Applied For City & State Singer lsland 33-1089905 Not Applicable Country \$5.00 Additional Zip 3340 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARMOUR, ALAN HI Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. **SUITE 1200** WEST PALM BEACH, FL 33401 City 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ☐ Addition ☐ Delete HILE TITLE DONOVAN, KEVIN M NAME NAME STREET ADDRESS 2210 EAST OCEAN OAKS LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITI F MGRM ☐ Delete TITLE ☐ Change ☐ Addition DONOVAN, KELLY A NAME NAME STREET ADDRESS 2210 EAST OCEAN OAKS LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP MGRM Change TITLE ☐ Addition TITLE ☐ Delete 2655 No Ocean Blud #310 VERO 3000, LLC NAME NAME STREET ADDRESS 3540 FOREST HILL BLVD SUITE 203 STREET ADDRESS Singer Island, FL 33404 WEST PALM BEACH, FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

**FILED** 

Daytime Phone #