

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 023 ****50.00

DOCUMENT # L04000018335

1. Entity Name

VRS REAL ESTATE INVESTMENT, LLC



Principal Place of Business

2604 PALMA SOLA BLVD
BRADENTON FL 34209

Mailing Address

2604 PALMA SOLA BLVD
BRADENTON FL 34209

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

20-0841268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, JAMES WM.
1206 MANATEE AVENUE WEST
BRADENTON FL 34205

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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ANN VASSILAKOS
CITY-ST-ZIP 2604 PALMA SOLA BLVD
BRADENTON, FL 34209

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS FRANCES E SOLITRO
CITY-ST-ZIP 2604 PALMA SOLA BLVD
BRADENTON, FL 34209

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS NANCY RUGGIERI
CITY-ST-ZIP P.O. Box 1236
SOUTHAMPTON, N.Y. 11969

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS SALVATORE RUGGIERI
CITY-ST-ZIP 102 PASTURE VIEW LANE
CRANSTON, R.I. 02921

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 exemption stated in Section 119.07(3)(i), 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: *Frances E. Solitro* FRANCES E. SOLITRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/05 941-794-6977
Date Daytime Phone #