

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021732

Entity Name: VERO STOW-A-WAY, LLC

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

7184 S.E. OSPREY STREET  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7184 S.E. OSPREY STREET  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 20-0831428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARSHALL, CRAIG S  
7184 S.E. OSPREY STREET  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STOW-A-WAY MANAGEMEN, T COMPANY  
Address: 7184 S.E. OSPREY STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR ( ) Delete  
Name: VOLUME MARKETING COR, P.  
Address: 7184 S.E. OSPREY STREET  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STOW-A-WAY MANAGEMEN, T COMPANY  
Address: 7184 S.E. OSPREY STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM (X) Change ( ) Addition  
Name: VOLUME MARKETING COR, P.  
Address: 7184 S.E. OSPREY STREET  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG S. MARSHALL

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date