

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 035 ****50.00

DOCUMENT # L04000024734

1. Entity Name

V & N HOLDINGS, LLC



Principal Place of Business

17996 SW 97TH AVE
PALMETTO BAY FL 33157

Mailing Address

17996 SW 97TH AVE
PALMETTO BAY FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1600927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, CARLOS E ESQ
VILA, PADRON & DIAZ, PA
2 ALHAMBRA PLAZA, STE 860
CORAL GABLES FL 33134

Name

QUINTERO, JUAN F.

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

17996 SW 97 AVE

City

MIAMI

FL

Zip Code

33157

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JUAN F. QUINTERO OWNER 04/12/05

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME QUINTERO, JUAN
STREET ADDRESS 17996 SW 97TH AVE
CITY-ST-ZIP PALMETTO BAY FL 33157

TITLE MGR ☐ Delete
NAME QUINTERO, LOURDES
STREET ADDRESS 17996 SW 97TH AVE
CITY-ST-ZIP PALMETTO BAY FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

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

04/12/05 305 235-5954

Date

Daytime Phone #