


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 011 ****50.00

DOCUMENT # L04000037319			
1. Entity Name VARONE, LLC			
Principal Place of Business 459 AQUATIC DRIVE ATLANTIC BEACH, FL 32233		Mailing Address 459 AQUATIC DRIVE ATLANTIC BEACH, FL 32233	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAXWELL, DOUGLAS R 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224		Name: VIRZO, CARMELA G. Street Address (P.O. Box Number is Not Acceptable) 459 AQUATIC DRIVE City ATLANTIC BEACH FL Zip Code 32233	
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 <i>Carmela G. Virzo</i>		DATE 04-20-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIRZO, CARMELA G 459 AQUATIC DRIVE ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Carmela G. Virzo</i>		DATE 04-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

20045441



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1135114** Applied For ☐ Not Applicable ☐

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