

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047879

Entity Name: VSSK LLC

FILED  
Jan 02, 2008  
Secretary of State

## Current Principal Place of Business:

283 N.E 163 STREET  
NORTH MIAMI, FL 33162 US

## New Principal Place of Business:

723 HUDSON VALLEY DRIVE  
KISSIMMEE, FL 34759 US

## Current Mailing Address:

PO BOX 641275  
NORTH MIAMI BEACH, FL 33161 US

## New Mailing Address:

723 HUDSON VALLEY DRIVE  
KISSIMMEE, FL 34759 US

FEI Number: 76-0763409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOWLESSAR, SOLOMON  
283 N.E 163 STREET  
NORTH MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

KOWLESSAR, SOLOMON  
723 HUDSON VALLEY DRIVE  
KISSIMMEE, FL 34759 US

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:

01/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete  
Name: KOWLESSAR, SOLOMON  
Address: 283 N.E 163 STREET  
City-St-Zip: NORTH MIAMI, FL 33162 US

Title: MRS ( ) Delete  
Name: KOWLESSAR, VALARIE P  
Address: 283 N.E 163 STREET  
City-St-Zip: NORTH MIAMI, FL 33162 US

Title: MR ( ) Delete  
Name: KOWLESSAR, SASHA M  
Address: 283 N.E 163 STREET  
City-St-Zip: NORTH MIAMI, FL 33162 US

## ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition  
Name: KOWLESSAR, SOLOMON  
Address: 723 HUDSON VALLEY DRIVE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: MRS (X) Change ( ) Addition  
Name: KOWLESSAR, VALARIE P  
Address: 723 HUDSON VALLEY DRIVE  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: MR (X) Change ( ) Addition  
Name: KOWLESSAR, SASHA M  
Address: 723 HUDSON VALLEY DRIVE  
City-St-Zip: KISSIMMEE, FL 34759 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SOLOMON KOWLESSAR

MR

01/02/2008

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