

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90208 044 \*\*\*\*50.00

**DOCUMENT # L04000052166**

1. Entity Name  
**VFW MANAGEMENT SERVICES, LLC**



Principal Place of Business  
**1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407**

Mailing Address  
**1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407**

**2000450?**



**DO NOT WRITE IN THIS SPACE**

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**01-0817990**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, FRANK JR  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WOOD, FRANK JR  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WOOD, VALERIE VALORIE  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Frank Wood* 1-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #