

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED

08 APR 21 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012008 No Chg-LLC

CR2E083 (12/07)

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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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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, 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

600124337146
04/18/08--01023--003 **287.50

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

4-2-08
Date

Daytime Phone #