

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053259

1. Entity Name
VIMAC.US, LLC



Principal Place of Business

**3750 NW S. RIVER DRIVE
MIAMI, FL 33142 US**

Mailing Address

**3750 NW S. RIVER DRIVE
MIAMI, FL 33142 US**

DO NOT WRITE IN THIS SPACE



02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1401349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLOMAN, ARTHUR
600 PARKVIEW DRIVE
SUITE 228
HALLANDALE, FL 33009**

**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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
JC MARITIME SERVICES, INC.
1044 NW 30 PLACE
MIAMI, FL 33125**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
VILANDT, CHRISTIAN
MEJLSVEJ 50/ VARDE, DK, 6800
DK. X X**

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

1000000438921
03/02/06-80020-008 50.00

**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: _____

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

Date _____

Daytime Phone # _____

2-15-06