

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079431

Entity Name: VLR LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

FEI Number: 20-1831680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, VALERIA
Address: 2665 SOUTH BAYSHORE DRIVE, STE. 703
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: LOPEZ, PEDRO
Address: 2665 SOUTH BAYSHORE DRIVE, STE. 703
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VALERIA LOPEZ

MGR

04/24/2009

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