

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086369

Entity Name: VIRGINIA HOLDINGS, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

3225 AVIATION AVENUE
304
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3225 AVIATION AVE
304
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-1939175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADIAL, JOSE I PA
2600 S DOUGLAS RD
PH-6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOSE GABRIEL TOMMASI, COLOME
Address: 3225 AVIATION AVENUE, SUITE 304
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: JOSE GABRIEL TOMMASI, MARTINEZ
Address: 3225 AVIATION AVENUE, SUITE 304
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: ROBERTO TOMMASI MART, INEZ
Address: 3225 AVIATION AVENUE, SUITE 304
City-St-Zip: COCONUT GROVE, FL 33131

ADDITIONS/CHANGES:

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

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: JOSE M. TOMMASI

MGR

03/24/2009

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