

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000087436

1. Entity Name
VENES HOLDINGS, LLC



FILED

2007 DEC 12 P 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1401 BRICKELL AVE.
SUITE 330
MIAMI, FL 33131

Mailing Address
1401 BRICKELL AVE.
SUITE 330
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

605 Lincoln Road

3. Mailing Address

605 Lincoln Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

12062007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

11-3735297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ALEX
354 SEVILLA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JIMENEZ, ALEX
1401 BRICKELL AVE. SUITE 330
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
605 Lincoln Rd. Suite 300
Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAPLANA, LUIS G
1401 BRICKELL AVE. SUITE 330
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
605 Lincoln Rd. Suite 300
Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500113158305
12/14/07--01047--004 **50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/6/07

Date

305-416-0144

Daytime Phone #