# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 13, 2008**
**Secretary of State**

DOCUMENT# L05000003126

**Entity Name:** V, LLC

**Current Principal Place of Business:**

501 MEDICAL PLAZA, #102
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

501 MEDICAL PLAZA, #102
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number: 20-2171893** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

DELGADO, HUMBERTO R
501 MEDICAL PLAZA
LEESBURG, FL 34748 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: P ( ) Delete
Name: DELGADO, HUMBERTO R
Address: 501 MEDICAL PLAZA,#102
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: VP ( ) Change (X) Addition
Name: ORTIZ, FELIPE
Address: 501 MEDICAL PLAZA DR STE 102
City-St-Zip: LEESBURG, FL 34748

Title: SEC ( ) Change (X) Addition
Name: CARRILLO, RAUL
Address: 501 MEDICAL PLAZA DR STE 102
City-St-Zip: LEESBURG, FL 34748

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: HUMBERTO DELGADO P 05/13/2008

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