

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023652

Entity Name: VEVANI 5551, L.L.C.

FILED  
Apr 01, 2008  
Secretary of State

**Current Principal Place of Business:**

5551 N.W. 159TH ST  
MIAMI GARDENS, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5551 NW 159TH STREET  
MIAMI GARDENS, FL 33014

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

VALDES, JOSE A MGRM  
5551 NW 159TH STREET  
MIAMI GARDENS, FL 33014 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: MGRM ( ) Delete  
Name: VALDES, JOSE A MGRM  
Address: 5551 NW 159TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33166 US

Title: MGRM ( ) Delete  
Name: VALDES, MILAGROS  
Address: 5551 NW 159TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33166 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VALDES, JOSE A MGRM  
Address: 5551 NW 159TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33014 US

Title: MGRM (X) Change ( ) Addition  
Name: VALDES, MILAGROS  
Address: 5551 NW 159TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33014 US

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 A. VALDES

MGRM

04/01/2008

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