

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045225

1. Entity Name
VCK PROPERTIES, L.L.C.



Principal Place of Business
940 HIGHWAY 98 E
#94
DESTIN, FL 32541 US

Mailing Address
1529 MILLINGTON ROAD
COLUMBUS, GA 31904 US



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5322106

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDLEY, KRISTINA
940 HIGHWAY 98 E
#94
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 retesting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MEDLEY, KRISTINA
1529 MILLINGTON RD.
COLUMBUS, GA 31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARCIA, VICTOR R
7839 KOLVEN COVE
COLUMBUS, GA 31903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARCIA, CARLOS
1000 PEACHTREE ST.
COLUMBUS, GA 31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000583081
01/11/07-80058-002 50.00

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IN THIS SPACE**

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: *Kristina Medley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

1/9/2007
Paytime Phone #