# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000075382

**1.** Entity Name
BMB VERO, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1197 S. ROGERS CIRCLE<br>BOCA RATON, FL  33487 | 1197 S. ROGERS CIRCLE<br>BOCA RATON, FL  33487 |

## DO NOT WRITE IN THIS SPACE

04242007No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 20-3236408 | | Not Applicable |

**5.** Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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**6. Name and Address of Current Registered Agent**

LUPO, JACK P
1197 S. ROGERS CIRCLE
BOCA RATON, FL  FL

## 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 reinstating)        DATE

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

**9.** MANAGING MEMBERS/MANAGERS

| TITLE | MGR |
|---|---|
| NAME | LUPO, JACK P |
| STREET ADDRESS | 1197 S. ROGERS CIRCLE |
| CITY-ST-ZIP | BOCA RATON, FL  33487 |

| TITLE | MGR |
|---|---|
| NAME | GOLDSTEIN, DALE |
| STREET ADDRESS | 1197 S. ROGERS CIRCLE |
| CITY-ST-ZIP | BOCA RATON, FL  33487 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/15/07-80129-003 50.00

## DO NOT WRITE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #