

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085670

Entity Name: CENTRUST VLP, LLC

FILED  
Jun 17, 2009  
Secretary of State

**Current Principal Place of Business:**

2030 SOUTH DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2030 SOUTH DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3390906      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:**

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

ROLANDO VELASCO  
2030 DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134 US

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: VELASCO, ROLANDO  
Address: 2030 SOUTH DOUGLAS ROAD ,SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: VELASCO-ESQUIVEL, MIRIAM  
Address: 2030 SOUTH DOUGLAS ROAD, SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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

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: ROLANDO VELASCO

P

06/17/2009

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