

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000090994

Entity Name: VELIS & CO LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2100 PONCE DE LEON, BLVD.  
1111  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

4271 S.W. 10 STREET  
MIAMI, FL 33134 US

**Current Mailing Address:**

P.O. BOX 14-0729  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

VELIS, VIDAL M MR.  
2100 PONCE DE LEON, BLVD.  
1111  
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: MGRM  
Name: VELIS, VIDAL M MR.  
Address: P.O. BOX 14-0729  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGRM  
Name: VELIS & ASSOCIATES, P.A.  
Address: P. O. BOX 14-0729  
City-St-Zip: CORAL GABLES, FL 33114 US

I hereby 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: VIDAL MARINO VELIS

MGRM

04/30/2011

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