

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092500

Entity Name: V ENTERPRISES, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

8615 COMMODITY CIRCLE
07
ORLANDO, FL 32819

New Principal Place of Business:

249 BELLAGIO CIRCLE
SANFORD, FL 32771

Current Mailing Address:

8615 COMMODITY CIRCLE
07
ORLANDO, FL 32819

New Mailing Address:

249 BELLAGIO CIRCLE
SANFORD, FL 32771

FEI Number: 20-3492937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELOSO, RAIMUNDO D
8628 ST. MARINO BLVD
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

VELOSO, RAIMUNDO D
249 BELLAGIO CIRCLE
SANFORD, FL 32771 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VELOSO, RAIMUNDO D
Address: 8628 ST. MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: VELOSO, DANIELE
Address: 8628 ST. MARINO BLVD
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VELOSO, RAIMUNDO D
Address: 249 BELLAGIO CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: VELOSO, DANIELE
Address: 249 BELLAGIO CIRCLE
City-St-Zip: SANFORD, FL 32771

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: RAIMUNDO D. VELOSO NETO

MGRM

04/22/2009

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