

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096012

1. Entity Name  
VEGAS ENTERTAINMENT RECORDS LLC



Principal Place of Business  
3466 NW 32 AVE  
OKEECHOBEE, FL 34972

Mailing Address  
1801 GULF DR N #278  
BRADENTON BEACH, FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, JARROD  
3466 NW 32 AVE  
OKEECHOBEE, FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Jarrod Boswell*  
Jarrod Boswell - Jarrod Boswell

2-7-06

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME DESERIN, HEATHER ☐ Delete  
STREET ADDRESS 1801 GULF DR N #278  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE MGR  
NAME DESERIN, HEATHER ☒ Change ☐ Addition  
STREET ADDRESS 1801 GULF DR. N. #278  
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE MGR  
NAME DIENER, ERIK ☒ Delete  
STREET ADDRESS 24 BOYD RD  
CITY-ST-ZIP HUDSON, NH 03051

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300067316473  
03/07/06--01029--035 \*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME Jarrod Boswell  
STREET ADDRESS 3466 NW 32 Ave  
CITY-ST-ZIP Okeechobee, FL 34972 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Heather Deserin*

1-12-06 (940) 778-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #