

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097143

1. Entity Name
V & R ENTERPRISES, LLC



Principal Place of Business
8680 PARK BLVD.
SEMINOLE, FL 33777

Mailing Address
8680 PARK BLVD.
SEMINOLE, FL 33777

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3599228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, RANDOLPH
8680 PARK BLVD
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent

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

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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RUSSELL, RANDOLPH
STREET ADDRESS 8680 PARK BLVD
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE ☐ Change ☐ Addition
NAME 300109765353
STREET ADDRESS 09/21/07--01044--006 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GARGUILO, VINCENT
STREET ADDRESS 8680 PARK BLVD
CITY-ST-ZIP SEMINOLE, FL 33777

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

07 SEP 17 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

