

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90073 010 \*\*\*138.75

**DOCUMENT # L05000106625**

1. Entity Name  
**VANESSA LLC**



**60045735**

Principal Place of Business  
233 WIND ROSE DRIVE  
ORLANDO, FL 32824

Mailing Address  
233 WIND ROSE DRIVE  
ORLANDO, FL 32824

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

Zip  
**32828**

Country

Zip  
**32828**

Country

07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**51-0558686**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALMONTE, ROSENDO  
233 WIND ROSE DRIVE  
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name **Rosendo Almonte**

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

**14926 Little Manatee Rd**

City **Orlando**

FL

Zip Code  
**32828**

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

*Rosendo Almonte*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ALMONTE, ROSENDO**  
STREET ADDRESS **233 WIND ROSE DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **MGRM** ☐ Delete  
NAME **ALMONTE, ANA**  
STREET ADDRESS **233 WRND ROSE DR**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addit  
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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

*Rosendo Almonte*

ATTACHMENT

VANESSA LLC  
14926 LITTLE MANATE RD <sup>60045735</sup>  
ORLANDO, FL 32824 <sup>#L05000106625</sup>

July 23, 2008

Florida Department of State  
PO Box 6478  
Tallahassee, FL 32314

Re: Annual Report

Dear Sir or Madam:

We respectfully request that the assessed penalty of filing late be abated because we never received the letter informing us about the filing. Enclosed is the check in the amount of \$138.75 to cover the annual filing fees.

There was no negligent intent or purposeful disregard for the law, and for these reasons, I respectfully request that the penalty assessed be abated.

Thank you for your consideration,

Sincerely,

*Rosendo Almonte*

Rosendo Almonte  
Member