

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 043 \*\*\*\*55.00

**DOCUMENT # L05000107943**

1. Entity Name

V & A LLC



Principal Place of Business

1161 CHERRY VALLEY WAY  
ORLANDO FL 32828  
US

Mailing Address

P O BOX 780483  
ORLANDO FL 32878  
US



2. Principal Place of Business

3900 N Alafaya Trail  
Suite, Apt. #, etc.

3. Mailing Address

3900 N Alafaya Trail  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-3552249

Applied For

Not Applicable

Zip

32826

Country

USA

Zip

32826

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALCANO, VICTOR A  
1161 CHERRY VALLEY WAY  
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name Annette Lopez

Street Address (P.O. Box Numbers Not Acceptable)

3900 N Alafaya Trail

City Orlando

FL

Zip Code 32826

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

Annette Lopez

4-30-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CALCANO, VICTOR A  
STREET ADDRESS 1161 CHERRY VALLEY WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE MGRM  
NAME LOPEZ-CALCANO, ISIS V  
STREET ADDRESS 1161 CHERRY VALLEY WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE MGRM  
NAME LOPEZ, ANNETTE  
STREET ADDRESS 11271 CYPRESS LEAF DR  
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 Section 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:

Annette Lopez

4-30-06

(407) 382-0199

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

Date

Daytime Phone #