



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90271 032 \*\*\*\*50.00

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<b>DOCUMENT # L05000113518</b> 1. Entity Name <b>VERONICA G. SNOW CONSULTING, LLC</b>					
Principal Place of Business <b>10310 S.W. 130 AVENUE MIAMI, FL 33186</b>			Mailing Address <b>10310 S.W. 130 AVENUE MIAMI, FL 33186</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SNOW, VERONICA G 10310 S.W. 130 AVENUE MIAMI, FL 33186</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SNOW, VERONICA G 10310 S.W. 130 AVENUE MIAMI, FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

# ATTACHMENT

30005733

**CARLOS M. FERNANDEZ, P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

Member of Florida Institute  
of Certified Public Accountants

1320 So. Dixie Highway, Suite 750  
Coral Gables, Florida 33146

Phone: (305) 661-1040, ext. 102  
Fax: (305) 740-5330  
e-mail: cmf16cpa@aol.com

April 18, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

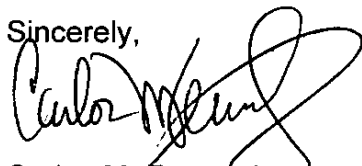
Subject: ~~Veronica G. Snow Consulting, LLC~~  
Reference: L05000113518

To whom it may concern,

Attached please find the 2006 Limited Liability Company Annual Report for the above referenced entity that is being resubmitted per your instructions dated March 24, 2006. The form now includes the Federal Employer Identification (FEI) in Block 4. Please apply the \$50.00 filing fee previously sent with the original report to this corrected report.

If you have any questions or require additional, please let us know.

Sincerely,



Carlos M. Fernandez  
For Veronica G. Snow Consulting, LLC