

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117880

Entity Name: VICTORIA 1405, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

1220 DANBURY AVE.
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

1220 DANBURY AVE.
DAVIE, FL 33325

New Mailing Address:

FEI Number: 76-0812366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRIERI, FRANK
14340 ARLINGTON PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUERRIERI, DANIEL
Address: 1220 DANBURY AVENUE
City-St-Zip: DAVIE, FL 33325

Title: MGRM () Delete
Name: MELI, F. RICHARD
Address: 587 BRIDGESTON ROAD
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: SIRAVO, ANTHONY
Address: 14300 ARLINGTON PLACE
City-St-Zip: DAVIE, FL 33325

Title: MGRM () Delete
Name: GUERRIERI, FRANK
Address: 14340 ARLINGTON PLACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK GUERRIERI

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date