

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 007 ****50.00

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DOCUMENT # L05000122141

1. Entry Name
 VUS COSTRUCTION LLC



Principal Place of Business
 1739 MOFFETT STREET, APT. 12
 HOLLYWOOD, FL 33020

Mailing Address
 1739 MOFFETT STREET, APT. 12
 HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #
 504 NE 3rd Street # 9

3. Mailing Address
 504 NE 3rd Street
 # 9

Suite, Apt. #, etc.



01232007 Chg-LLC CR2E083 (12/06)

City & State
 Hallandale Beach FL

City & State
 Hallandale Beach FL

Zip
 33009

Country
 USA

Zip
 33009

Country
 USA

4. FEI Number
 20-4160810

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEVILLA, VICTOR ULISES
 1739 MOFFETT STREET, APT. 12
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 504 NE 3rd Street # 9

City
 Hallandale Beach FL

Zip Code
 33009

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]* (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	SEVILLA, VICTOR ULISES	<input type="checkbox"/> Delete
NAME	1739 MOFFETT STREET, APT. 12	
STREET ADDRESS	HOLLYWOOD, FL 33020	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 02-16-07.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #