2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State
02-19-2007 90194 049 ****50.00

DOCUMENT # L06000024783

1. Entity Name
VEGA, L.L.C.

Principal Place of Business
4600 N. HABANA AVE., SUITE 33
TAMPA, FL 33614

Mailing Address
4600 N. HABANA AVE., SUITE 33
TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-1679992 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SALEM, ALBERT M JR.
4600 N. HABANA AVE., SUITE 33
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (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	MGRM	☐ Delete
NAME	GILBERTO E. VEGA, TRUSTEE	
STREET ADDRESS	P.O. BOX 271058	
CITY-ST-ZIP	TAMPA, FL 33688	
TITLE	MGRM	☐ Delete
NAME	ILONA M. COYA DE VEGA, TRUSTEE	
STREET ADDRESS	P.O. BOX 271058	
CITY-ST-ZIP	TAMPA, FL 33688	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ 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: G.E. VEGA 2-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone