

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037659

Entity Name: VSH PROPERTIES, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

12568 LINJOHN ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12568 LINJOHN ROAD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-8910744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUGH, LAURIL L
12568 LINJOHN ROAD
JACKSONVILLE, FL 32223 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: STOUGH, LAURIL L
Address: 12568 LINJOHN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM () Delete
Name: VAUDREUIL, TAMARA
Address: 154 WAYSIDE LANE
City-St-Zip: CULLOUGHEE, NC 28723

Title: MGRM () Delete
Name: HILL, CONNIE SUE
Address: 409 LUTHER ROAD
City-St-Zip: APEX, NC 275235605

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VAUDREUIL, TAMARA
Address: 154 WAYSIDE LANE
City-St-Zip: CULLOWHEE, NC 28723

Title: MGRM (X) Change () Addition
Name: HILL, CONNIE SUE
Address: 409 LUTHER ROAD
City-St-Zip: APEX, NC 27523

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: LAURIL L STOUGH

MGRM

01/08/2008

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