

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037659

Entity Name: VSH PROPERTIES, LLC

FILED  
Apr 27, 2009  
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: CULLOWHEE, NC 28723

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

## ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition  
Name: HILL, CONNIE S  
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

04/27/2009

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