

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065249

FILED
Sep 05, 2007
Secretary of State

Entity Name: VHR MARKETING CONCEPTS, LLC

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY, STE 130
SUNRISE, FL 33323

New Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY, STE 130
130
SUNRISE, FL 33323

Current Mailing Address:

1580 SAWGRASS CORPORATE PARKWAY, STE 130
SUNRISE, FL 33323

New Mailing Address:

1580 SAWGRASS CORPORATE PARKWAY, STE 130
130
SUNRISE, FL 33323

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TUCKER, JACQULINE
1580 SAWGRASS CORPORATE PARKWAY, STE 130
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

TUCKER, JACQULINE
1580 SAWGRASS CORPORATE PARKWAY, STE 130
130
SUNRISE, FL 33323 US

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: JACQULINE TUCKER

09/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TUCKER, JACQULINE
Address: 1580 SAWGRASS CORPORATE PARKWAY, STE 130
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

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: JACQULINE TUCKER

MGR

09/05/2007

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