

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067603

Entity Name: VHH, LLC

FILED
Aug 05, 2009
Secretary of State

Current Principal Place of Business:

375 12TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

375 12TH AVENUE SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-5170416 FEI Number Applied For () FEI Number Not Applicable () 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:

UJCZO, JOSEPH E
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES, FL 34103 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: VACCARELLA, REGINIA
Address: 375 12TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: HRUBY, STEPHEN J
Address: 375 12TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete
Name: HERNANDEZ, RUFINO
Address: 2732 14TH STREET NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

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

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: STEPHEN J. HRUBY

MGRM

08/05/2009

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