


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 006 ****50.00

DOCUMENT # L06000070320	
1. Entity Name VSV ENTERPRISES LLC	

Principal Place of Business 5405 N CHURCH AVE TAMPA, FL 33614	Mailing Address 5405 N CHURCH AVE TAMPA, FL 33614
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60005487



2. Principal Place of Business - No P.O. Box # 201 34th STREET S	3. Mailing Address 201 34th STREET S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG, FL
Zip 33711-1325	Country USA

01132007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent PERSAD, CARL S 5404 N CHURCH AVE TAMPA, FL 33614	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 34th STREET S. City ST. PETERSBURG FL Zip Code 33711	

4. FEI Number
41-2210030

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

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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERSAD, CARL S 5405 N CHURCH AVE TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 34th STREET S. ST. PETERSBURG, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/22/07** Daytime Phone # **727-459-8286**