

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070320

Entity Name: VSV ENTERPRISES LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

201 34TH ST SOUTH
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

201 34TH ST SOUTH
SAINT PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 41-2210030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAD, CARL S
201 34TH ST SOUTH
SAINT PETERSBURG, FL 33711 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: MGR () Delete
Name: PERSAD, CARL S
Address: 201 34TH STREET SOUTH
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERSAD, CARL S
Address: 201 34TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: MGR () Change (X) Addition
Name: PERSAD, SHAMDAI
Address: 201 34TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: MGR () Change (X) Addition
Name: GANESH, PERSAD V
Address: 201 34TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

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: CARL PERSAD

MGRM

01/08/2009

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