


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 008 ***138.75

DOCUMENT # L06000071038	
1. Entity Name VARDEL, LLC	

Principal Place of Business 4419 GEORGIA AVENUE WEST PALM BEACH, FL 33405	Mailing Address 4419 GEORGIA AVENUE WEST PALM BEACH, FL 33405
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60009863



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 343 Monroe Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. N/A
City & State WPB FL	City & State WPB FL
Zip 33405	Country US

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5221626		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LISA G. QUARRIE & ASSOCIATES, P.A. 315 ELEVENTH STREET WEST PALM BEACH, FL 33401 Vargas, Maria Susana 12495 QUERCUS LANE WPB FL 33414		
7. Name and Address of New Registered Agent Name Maria Susana Vargas Street Address (P.O. Box Number is Not Acceptable) 12495 QUERCUS LANE City WPB FL Zip Code 33414		

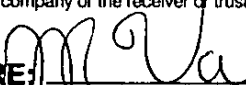
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARGAS, MARIA S 4419 GEORGIA AVENUE WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARGAS DELOS, JORGE R 4419 GEORGIA AVENUE WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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:  **Maria S. Vargas** **2-18-08** **561-655-9550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #