

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071038

Entity Name: VARDEL, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

343 MONROE DR.  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

4415 GEORGIA AVE  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

343 MONROE DR.  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

4415 GEORIGA AVE  
WEST PALM BEACH, FL 33405

FEI Number: 20-5221626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANGAS, MARLA S  
12495 GUERCUS LN  
WEST PALM BEACH, FL 33414 US

**Name and Address of New Registered Agent:**

VARGAS, MARIA S  
12495 QUERCUS LN  
WEST PALM BEACH, FL 33414 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: MARIA VARGAS

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VARGAS, MARIA S  
Address: 4419 GEORGIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM (X) Delete  
Name: VARGAS DELOS, JORGE R  
Address: 4419 GEORGIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES:**

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: SUSANA MARIA VARGAS

MRS

04/30/2009

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