

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107108

Entity Name: VESCA, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

10544 NW 26TH STREET,
E-202
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10544 NW 26TH STREET,
E-202
DORAL, FL 33172

New Mailing Address:

9737 NW 41 STREET
523
MIAMI, FL 33178

FEI Number: 20-5831526 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:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, STE C 201
DORAL, FL 33172 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: SCATTOLINI, MAURO
Address: 10544 NW 26TH STREET, STE E 202
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Delete
Name: VENEZIA, ANTONIO S
Address: 10544 NW 26TH STREET, STE E 202
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VENEZIA, ANTONIO
Address: 10544 NW 26TH STREET, STE E 202
City-St-Zip: DORAL, FL 33172

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: ANTONIO VENEZIA

MGR

05/01/2008

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