2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000014466

1. Entity Name
NANCY J. VERA LLC

30002711

Principal Place of Business	Mailing Address
160 ALMOND RD OCALA, FL 34473	160 ALMOND RD OCALA, FL 34473

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip— Country—	Zip— Country—

02182008   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20 - 8400475   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERA, NANCY J 160 ALMOND RD OCALA, FL 34473	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VERA, NANCY J		NAME	
STREET ADDRESS	160 ALMOND RD		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP	

(Additional blank Managing Members/Managers and Additions/Changes rows follow, all empty with Delete, Change, and Addition checkboxes)

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: _Nancy Vera_   2-21-2008 MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #