

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061887

Entity Name: VRM NEWPORT, LLC

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 26-0341180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILGALLON, PATRICIA  
1215 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442 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: DIR  
Name: CRUZ, MICHAEL  
Address: 1215 WEST NEWPORT CENTER DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DIR  
Name: CRUZ, STEVEN  
Address: 1215 WEST NEWPORT CENTER DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DIR  
Name: CRUZ, PAUL  
Address: 1215 WEST NEWPORT CENTER DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DIR  
Name: KILGALLON, PATRICIA  
Address: 1215 WEST NEWPORT CENTER DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby 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: MICHAEL CRUZ

DIR

04/05/2010

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