


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90159 023 ***138.75

DOCUMENT # L07000091073			
1. Entity Name VG SON, LLC			
Principal Place of Business 402 SW 25TH PLACE CAPE CORAL, FL 33991 US		Mailing Address 402 SW 25TH PLACE CAPE CORAL, FL 33991 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADGATE, LUCILLE S 13601 MCGREGOR BLVD SUITE #17 FORT MYERS, FL 33919		Name <u>Andrey Gera</u> Street Address (P.O. Box Number is Not Acceptable) <u>402 SW 25th PL</u> City <u>CAPE CORAL</u> FL Zip Code <u>33991</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>5-20-08</u>	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERA, ANDREY 402 SW 25TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5-20-08</u> Daytime Phone # <u>216-570-7269</u>	



05202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0845860 Applied For ☐ Not Applicable ☐

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