

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90047 008 ***138.75

DOCUMENT # L07000110717					
1. Entity Name 106 VERO, LLC					
Principal Place of Business C/O DEBORAH DENTRY 465 ORRICK LN. GREENVILLE, TN 33743-7239			Mailing Address C/O DEBORAH DENTRY 465 ORRICK LN. GREENVILLE, TN 33743-7239		
2. Principal Place of Business - No P.O. Box # 465 Orrick Ln		3. Mailing Address 465 Orrick Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Chg-LLC CR2E083 (12/06)	
City & State Greenville, TN		City & State Greenville, TN		4. FEI Number 26-1439757	
Zip 37743 Country		Zip 37743 Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMOUR, ALAN III ESQ NASON, YEAGER, GERSON, WHITE & LIOCE PA 1645 PALM BEACH LAKES BLVD., STE. 1200 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING Member Deborah A Dentry 465 Orrick Lane Greenville, TN 37743		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: <i>Deborah A Dentry</i> <i>Deborah A Dentry</i>			4/24/08 561 4334810		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #