

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115090

Entity Name: VERONELLE, LLC

FILED  
Feb 24, 2009  
Secretary of State

**Current Principal Place of Business:**

4776 HODGES BLVD.  
SUITE 103  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

4776 HODGES BLVD.  
SUITE 103  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 51-0655916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRABTREE, R R  
8777 SAN JOSE BLVD  
JACKSONVILLE, FL FL 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: MGRM ( ) Delete  
Name: MARTINEZ-HOPPE, BLANCA  
Address: 12710 EAGLES ENTRY DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM ( ) Delete  
Name: HOPPE, LLOYD  
Address: 12710 EAGLES ENTRY DRIVE  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ-HOPPE, BLANCA  
Address: 4415 AUTUMN RIVER RD E  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM (X) Change ( ) Addition  
Name: HOPPE, LLOYD  
Address: 4415 AUTUMN RIVER RD E  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: BLANCA MARTINEZ-HOPPE

DR.

02/24/2009

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