

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

DOCUMENT # L07000115895

1. Entity Name
VREJ, LLC



Principal Place of Business
117 S. ALBANY AVENUE
TAMPA, FL 33606

Mailing Address
117 S. ALBANY AVENUE
TAMPA, FL 33606

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

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-1423569

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

ANGELICI, LINA
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.
ONE TAMPA CITY CENTER, STE 3200
TAMPA, FL 33602

Name ZACKARY Z. MELKONIAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

117 S. ALBANY AVE.

City TAMPA

FL

Zip Code 33606

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)

02/05/08

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
MANAGING MEMBER
ZACKARY Z. MELKONIAN
117 S. ALBANY AVENUE
TAMPA, FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/05/08

DATE

813-250-0115

DAYTIME PHONE #