

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003941

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: VENSERVICES, LLC.

**Current Principal Place of Business:**

13054 SW 133 CT.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13376 SW 108 ST. CIRCLE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 26-1845052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELICH, JOSEFINA  
13376 SW 108 ST. CIRCLE  
MIAMI, FL 33186 US

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

MELICH, JOSEFINA  
13054 SW 133 CT.  
MIAMI, FL 33186 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MELICH, GABRIEL  
Address: 13376 SW 108 ST. CIRCLE  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: MELICH, JOSEFINA  
Address: 13376 SW 108 ST. CIRCLE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MELICH, GABRIEL  
Address: 13054 SW 133 CT.  
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change ( ) Addition  
Name: MELICH, JOSEFINA  
Address: 13054 SW 133 CT.  
City-St-Zip: MIAMI, FL 33186

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: JOSEFINA MELICH

MGR

04/29/2009

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