

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067397

Entity Name: VPM LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4969 TRINIDAD DRIVE  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

1640 VILLA CAPRI CIRCLE  
#104  
ODESSA, FL 33556 US

**Current Mailing Address:**

4969 TRINIDAD DRIVE  
LAND O' LAKES, FL 34639

**New Mailing Address:**

1640 VILLA CAPRI CIRCLE  
#104  
ODESSA, FL 33556 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ZELLER, PASCAL  
4969 TRINIDAD DRIVE  
LAND O LAKES, FL 34639 US

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

ZELLER, PASCAL  
1640 VILLA CAPRI CIRCLE  
#104  
ODESSA, FL 33556 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: DR. PASCAL ZELLER

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ZELLER, PASCAL  
Address: 1640 VILLA CAPRI CIRCLE #104  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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: DR. PASCAL ZELLER

MGR

04/25/2012

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