

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082973

**FILED**  
**Aug 13, 2010**  
**Secretary of State**

**Entity Name:** V.V. SOCIAL SECURITY DISABILITY CLAIMS, LLC

**Current Principal Place of Business:**

17033 S. DIXIE HIGHWAY  
SUITE E  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

17033 S. DIXIE HIGHWAY  
SUITE E  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 27-0814140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VEGA, VILMA A  
112 NE 31ST AVENUE  
HOMESTEAD, FL 33033 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: MGR  
Name: VEGA, VILMA  
Address: 17033 S. DIXIE HIGHWAY  
City-St-Zip: PALMETTO BAY, FL 33157

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: VILMA A. VEGA

MGR

08/13/2010

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