

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055204

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** V-BLOOD, L.L.C.

**Current Principal Place of Business:**

15201 SW 82 AVE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2924  
MIAMI, FL 33256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, WILLIAM T ESQ.  
15201 SW 82 AVE  
MIAMI, FL 33157 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  
Name: BROWN, WILLIAM T  
Address: 15201 SW 82 AVE  
City-St-Zip: MIAMI, FL 33157

Title: MGRM  
Name: HAGLEY, SERGEI  
Address: 14852 SW 158 PLACE  
City-St-Zip: MIAMI, FL 33196

Title: MGRM  
Name: MENICOCCHI, CLAUDIO  
Address: 8375 SW 155 TERR.  
City-St-Zip: MIAMI, 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:** WILLIAM BROWN

MGRM

04/29/2012

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