

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032171

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** VCL INNOVESTMENTS, LLC

**Current Principal Place of Business:**

8929 SPRING HARVEST LN. W.  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

8929 SPRING HARVEST LN. W.  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

**FEI Number:** 45-0643061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHERMAN, ERIC  
8929 SPRING HARVEST LN W  
JACKSONVILLE, FL 32244 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:** SHERMAN, ERIC  
**Address:** 8929 SPRING HARVEST LN. W.  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** MGRM  
**Name:** SHERMAN, KATHERINE  
**Address:** 8929 SPRING HARVEST LN. W.  
**City-St-Zip:** JACKSONVILLE, FL 32244

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:** ERIC SHERMAN

MGR

03/20/2012

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