

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037005

Entity Name: VECTOR ALLIANCE, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD.  
1007  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2020 PONCE DE LEON BLVD.  
1007  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 45-1197776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REZENDE, ROBSON R  
2020 PONCE DE LEON BLVD. SUITE 1007  
CORAL GABLES, FL 33134 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: REZENDE, ROBSON R  
Address: 2020 PONCE DE LEON BLVD. SUITE 1007  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR  
Name: HIMMELMAN, STEVE  
Address: 2020 PONCE DE LEON BLVD. SUITE 1007  
City-St-Zip: CORAL GABLES, FL 33134 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: ROBSON REZENDE

MGRM

05/01/2012

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