

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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97 FEB -3 PM 3:38

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000480**

VIRTUA HOLDINGS, L.C.
JOSEPH SABGA
C/O 1309 WASHINGTON AVE.
MIAMI BEACH FL 33139

1a. Principal Place of Business Address

JOSEPH SABGA
C/O 1309 WASHINGTON AVE.
MIAMI BEACH FL 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

3390 Mary St

Suite, Apt. #, etc.

#182

City & State

Coconut Grove, FL

Zip

33133

Country

USA

2a. Mailing Address

3390 Mary St

Suite, Apt. #, etc.

#182

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Date Organized or Qualified

04/30/1996

3a. State of Formation

FL

4. FEI Number

65-0663170

☐ Applied For

☐ Not Applicable

5. Date of Last Report

n/a

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KTG&S REGISTERED AGE, NT CORPORATION
C/O ZACK, SPARBER, ET AL.
100 SE 2ND ST., STE. 2800
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700002079087--2

Suite, Apt. #, etc.

-02/05/97-01036-017

***203.75 ***203.75

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KAVUMA, PAUL	1309 WASHINGTON AVE. 3390 Mary St #182	MIAMI BEACH FL Coconut Grove FL 33133
MEM	SABGA, JOSEPH	1309 WASHINGTON AVE. 3390 Mary St #182	MIAMI BEACH FL Coconut Grove FL 33133

A. Alan
2/3/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #