

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L96000000828

1. Entity Name
VE SOUTH, L.C.



Principal Place of Business
4800 N.W. 15TH AVENUE
FT. LAUDERDALE, FL 33308

Mailing Address
4800 N.W. 15TH AVENUE
FT. LAUDERDALE, FL 33308



04232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0696794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARSON, LESTER
5943 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL 33484

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARSON, BRENT
8700 BROOKPARK RD
CLEVELAND, OH 44129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARSON, REID
8700 BROOKPARK RD
CLEVELAND, OH 44129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARSON, GREG
8700 BROOKPARK RD
CLEVELAND, OH 44129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000744224
05/15/07-80140-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-07

Date

216-706-7393

Daytime Phone #