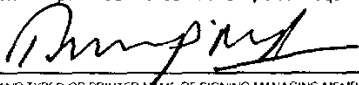


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED JUL 14 AM 10:14 STATE OF FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002801		1a. Principal Place of Business Address	
VENRA MANAGEMENT, LLC 12983 SOUTHERN BLVD., BUILDING #4, STE 202 LOXAHATCHEE FL 33470				12983 SOUTHERN BLVD., BUILDING #4, STE 202 LOXAHATCHEE FL 33470	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1998	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				☒ Applied For ☐ Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				S8 75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
TRIPURANENI, KRISHNA 12983 SOUTHERN BLVD., BUILDING #4, S LOXAHATCHEE FL 33470			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			000002939020--0 -07/22/99--01086--006 ***188.75 ***188.75 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	
MGR	TRIPURANENI, KRISHNA	12983 SOUTHERN BLVD., BUILDING #4, STE 202 LOXAHATCHEE FL 33470		LOXAHATCHEE FL 33470	
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:  561-795-3330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					

②

Ship To:

DIVISION OF CORPORATIONS
REGISTRATION SECTION
PO BOX 6327
TALLAHASSEE FL 32314

NEVER
REC'd the first
notice - Told by your
employee to only mail in
Report CEE + Corp. CEE 188.75
Thank you!

