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

(1)

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 14 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LR 7/20

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

VENRA MANAGEMENT, LLC
12983 SOUTHERN BLVD., BUILDING #4, STE 202
LOXAHATCHEE FL 33470

1a. Principal Place of Business Address

12983 SOUTHERN BLVD., BUILDI
LOXAHATCHEE FL 33470

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 11/16/1998

3a. State of Formation: FL

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

TRIPURANENI, KRISHNA
12983 SOUTHERN BLVD., BUILDING #4, S
LOXAHATCHEE FL 33470

8. Name and Address of New Registered Agent/Office

Name

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

000002939020--0
-07/22/99--01086--006
****188.75 ****188.75

Suite, Apt. #, etc.

City: FL

Zip Code

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., BUIL	LOXAHATCHEE FL

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 #

INHSE10 R (6/99)

(2)

Ship To:

DIVISION OF CORPORATIONS
REGISTRATION SECTION
PO BOX 6327
TALLAHASSEE FL 32314

Never recd the first notice - Told by your employee to only mail in report CEE + Corp. CEE 188.75

Thank you!