

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0057236

DOCUMENT # L98000002801

1. Entity Name

VENRA MANAGEMENT, LLC



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1157, SR # 7 / U.S. 441

3. Mailing Address

1157, SR # 7 / U.S. 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

Zip

33414

Country

4. FEI Number

65-0881095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPURANENI, KRISHNA
12983 SOUTHERN BLVD., BUILDING #4, STE 202
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

1157, SR # 7 / U.S. 441

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

1157, SR # 7 / U.S. 441

City

WELLINGTON

FL

Zip Code

33414

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

(NOTE: Registered Agent signature required when reinstating)

1-13-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TRIPURANENI, KRISHNA
STREET ADDRESS 12983 SOUTHERN BLVD., BUILDING #4, STE 202
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME TRIPURANENI, KRISHNA
STREET ADDRESS 1157, SR # 7 / U.S. 441
CITY-ST-ZIP WELLINGTON, FL 33414

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Addition

11. I 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 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:

[Signature]
SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-13-03 (561) 745-3330

CR2E083 (10/02)

FILED
03 FEB 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60000100



☒ CHECK HERE IF MAKING CHANGES

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02/18/03--01001--015 **50.00

[Signature]