

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 030 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000070401			
1. Entity Name VL SOUTHGATE BUILDING CORP.			
Principal Place of Business 2101 CENTRE PARK WEST DR #175 WEST PALM BEACH, FL 33409		Mailing Address 2419 E. COMMERCIAL BLVD. SUITE 100 FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04172008 Chg-P CR2E034 (12/06)	
		4. FEI Number 65-0857449	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLODIG, GREGORY J ESQ GREENSPOON, MARDER, HIRSCHFIELD 100 WEST CYPRESS CREEK RD., SUITE 700 FT. LAUDERDALE, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GRACEFFO, RAYMOND 2101 CENTRE PARK WEST DR #175 WEST PALM BEACH, FL 33409 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		4/28/08 601-607090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 40110671
P98000070401

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07/10/2008 10:23 CDT
Last Sign In: 07/10/2008 at 09:44 CDT

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Stop payment confirmations last updated at: 07/10/2008
at 10:23:26 CDT

Account:

Account:	003443795186	Expire Date:	07/10/2009	Type:	Stop Place
Check #:	0000001554	Effective Date:	07/10/2008	Bank Status:	Accepted
Amount:	150.00	Request User:	SU885836	Reason:	Lost
Payee:	FLORIDA DEPARTMENT OF STATE	Activity Status:			Confirmed
Memo:	CHECK LOST				

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