

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084490

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC9886992140**

**Entity Name:** VOLUSIA REAL ESTATE VENTURES, LLC

**Current Principal Place of Business:**

500 MEMORIAL CIRCLE  
SUITES D, E1 AND E2  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

176 CATTAIL CIRCLE  
JACKSONVILLE, FL 32259 US

**FEI Number:** 20-2294537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONSOUR, FREDERICK J  
176 CATTAIL CIRCLE  
JACKSONVILLE, FL 32259 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MONSOUR, FREDERICK J  
Address 176 CATTAIL CIRCLE  
City-State-Zip: JACKSONVILLE FL 32259

Title MGR  
Name LEB, ROBERT B  
Address 26 EMERALD CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name RAMCHANDER, NEVILLE  
Address 806 RIVERSIDE DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MGR  
Name DANA, FRANKLIN  
Address 3685 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MGR  
Name CARBONELL, OSCAR F  
Address 12 BROADRIVER RD.  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name WEAVER, JAMES W  
Address 3548 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MGR  
Name PINEIRO, SERGIO  
Address 19 CAMBRIDGE TRACE  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name SINGIREDDY, SUKHENDER  
Address 880 RIVERSIDE DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FREDERICK J MONSOUR

MGMR

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name GOLLA, BHASKAR  
Address 9 MOSS POINT DR  
City-State-Zip: ORMOND BEACH FL 32174