# 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: VALERIA DOLCIMASCOLO

Electronic Signature of Signing Authorized Person(s) Detail

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000111798

Entity Name: 5965 E. VIRGINIA BEACH BLVD. - NORFOLK VA LLC

## Current Principal Place of Business:

7154 N UNIVERSITY DRIVE 271 TAMARAC, FL 33321

#### **Current Mailing Address:**

7154 N UNIVERSITY DRIVE 271 TAMARAC, FL 33321

#### FEI Number: 46-1055796

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

Electronic Signature of Registered Agent

DOLCIMASCOLO, VALERIA 7154 N UNIVERSITY DRIVE 271 TAMARAC, FL 33321 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:

Authorized Person(s) Detail : Title MGRM Title MGRM DOLCIMASCOLO, VALERIA Name Name LEEPER, KATHRYN 7154 N UNIVERSITY DRIVE #371 Address 7154 N UNIVERSITY DRIVE #271 Address TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321 City-State-Zip:

#### SIGNATURE: VALERIA DOLCIMASCOLO

Date

FILED Mar 19, 2013 Secretary of State CC4453100739

Certificate of Status Desired: No

MGRM