

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000130086

**Entity Name:** VF HIALEAH DRIVE, LLC

**Current Principal Place of Business:**

7545 WEST 24TH AVENUE  
STE. 100  
HIALEAH, FL 33016

**Current Mailing Address:**

7545 WEST 24TH AVENUE  
STE. 100  
HIALEAH, FL 33016

**FEI Number:** 47-4687012

**Certificate of Status Desired:** No

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

VIVO, RENE  
7545 WEST 24TH AVENUE  
STE. 100  
HIALEAH, FL 33016 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 MGR  
Name VIVO, RENE  
Address 7545 WEST 24TH AVENUE, STE. 100  
City-State-Zip: HIALEAH FL 33016

Title MGR  
Name FONTE, AUGUSTO J  
Address 7545 WEST 24TH AVENUE, STE. 100  
City-State-Zip: HIALEAH FL 33016

Title MGR  
Name VIVO, EVELYN  
Address 7545 WEST 24TH AVENUE, STE. 100  
City-State-Zip: HIALEAH FL 33016

*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:** EVELYN VIVO

**MANAGER**

**04/27/2017**

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

\_\_\_\_\_  
Date