

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000090834

Entity Name: VERMILION LLC**Current Principal Place of Business:**6550 N. FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308**Current Mailing Address:**6550 N. FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308 US**FEI Number:** 27-4812509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMMERFELD, RICHARD P JR
6550 N. FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308 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 MBM
Name SOMMERFELD, RICHARD P JR.
Address 8196 BERKELEY MANOR BLVD.
City-State-Zip: SPRING HILL FL 34606Title AMBR
Name BOSSES, MARK D
Address 505 NE SPANISH TRAIL
City-State-Zip: BOCA RATON FL 33432Title MBR
Name BOSSES, BRENDA M
Address 505 NE SPANISH TRAIL
City-State-Zip: BOCA RATON FL 33432Title MBR
Name BOSSES, JACOB B
Address 505 NE SPANISH TRAIL
City-State-Zip: BOCA RATON FL 33432Title MBR
Name BOSSES, SABINA
Address 505 NE SPANISH TRAIL
City-State-Zip: BOCA RATON FL 33432Title MBR
Name BOSSES, BARBARA
Address 400 SOUTH OCEAN BLVD
UNIT 15
City-State-Zip: BOCA RATON FL 33432

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: MARK BOSSES

AMBR

02/25/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date