

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000116990

Entity Name: VVM ENTERPRISES LLC**Current Principal Place of Business:**7065 WESTPOINTE BLV. SUITE 205
ORLANDO, FL 32818**Current Mailing Address:**7065 WESTPOINTE BLV. SUITE 205
ORLANDO, FL 32818 US**FEI Number:** 82-1701750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTANT & MANAGEMENT INC.
1549 NE 123RD ST
NORTH MIAMI, FL 33161 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 AMBR
Name VDREAMP ENTERPRISES LLC
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name VCPASQUALE INVESTMENTS CORP
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name MAXPI PROSPERITY CORP
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

Title MGR
Name DONNICI, VINCENZO R
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

Title MGR
Name PASQUALE DA CUNHA, ALEXANDRE
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

Title MGR
Name MENDES, HERIVELTON M
Address 13237 HEATHER MOSS DR STE 1014
City-State-Zip: ORLANDO FL 32837

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: VINCENZO R. DONNICI

MGR

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date