

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016169

Entity Name: VEC, L.L.C.

Current Principal Place of Business:

195 CONCORD DR.
CASSELBERRY, FL 32707

Current Mailing Address:

195 CONCORD DR.
CASSELBERRY, FL 32707

FEI Number: 59-3694759

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWOPE, ELIZABETH
195 CONCORD DR.
CASSELBERRY, FL 32707 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: ELIZABETH SWOPE

04/04/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HICKS, ROBERT DVM
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

Title MANAGER
Name MCABEE, SCOTT DR.
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

Title MANAGER
Name HAYES, CHARLES MICHAEL DR.
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

Title MANAGER
Name SCHOLL-MEALEY, ANNE DVM
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

Title MANAGER
Name MYERS, BERNARD DVM
Address 195 CONCORD DR.
City-State-Zip: CASSELBERRY FL 32707

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: ROBERT HICKS, DVM

MANAGER

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date