

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000016169

**Entity Name:** VEC, L.L.C.

**Current Principal Place of Business:**

16369 W COLONIAL DR  
OAKLAND, FL 34787

**Current Mailing Address:**

33040 PROFESSIONAL DRIVE  
LEESBURG, FL 34788 US

**FEI Number:** 59-3694759

**Certificate of Status Desired:** No

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

SWOPE, ELIZABETH  
33040 PROFESSIONAL DRIVE  
LEESBURG, FL 34788 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

03/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAMS, DOUGLAS PAUL DR.  
Address 16369 W COLONIAL DR  
City-State-Zip: OAKLAND FL 34787

Title MANAGER  
Name MARTIN, JAMES DR.  
Address 16369 W COLONIAL DR  
City-State-Zip: OAKLAND FL 34787

Title MANAGER  
Name PEARCE, DOUGLAS DR.  
Address 16369 W COLONIAL DR  
City-State-Zip: OAKLAND FL 34787

Title MANAGER  
Name MARRINSON, RICHARD DVM  
Address 16369 W COLONIAL DR  
City-State-Zip: OAKLAND FL 34787

Title MANAGER  
Name SINDLER, ROBERT DVM  
Address 16369 W COLONIAL DR  
City-State-Zip: OAKLAND FL 34787

*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:** JAMES MARTIN

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date