

**2019 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:**

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  
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

03/05/2019

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 RUBINSTEIN, RICHARD 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:** SCOTT MCABEE

MANAGER

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date