

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047203

**Entity Name:** V.F.S. SERVICES, LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PARKWAY  
SUITE 19  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PARKWAY  
SUITE 19  
ORLANDO, FL 32819 US

**FEI Number:** 80-0128958

**Certificate of Status Desired:** Yes

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

LARSON ACCOUNTING & CONSULTING SERVICES  
7901 KINGSPONTE PKWY  
STE. 17  
ORLANDO, FL 32819 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           MANAGER  
Name           DOS REIS, AGNALDO  
Address        7901 KINGSPONTE PARKWAY  
                  SUITE 19  
City-State-Zip: ORLANDO FL 32819

Title           MANAGER  
Name           SILVA, CARLOS J  
Address        7901 KINGSPONTE PARKWAY  
                  SUITE 19  
City-State-Zip: ORLANDO FL 32819

Title           MANAGING MEMBER  
Name           COSTA, ADRIANA B  
Address        1823 ALAMBRA CIRCLE  
City-State-Zip: ORLANDO FL 32703

*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:** ADRIANA COSTA

**MANAGING MEMBER**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date