

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043205

**Entity Name:** VSCOM, LLC

**Current Principal Place of Business:**

7950 NW 53RD STREET  
SUITE 337  
DORAL, FL 33166

**Current Mailing Address:**

2250 114TH AVE  
SUITE 1L  
DORAL, FL 33172-3652 US

**FEI Number:** 20-4761512

**Certificate of Status Desired:** Yes

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

OLAVE, VICTOR A  
7950 NW 53RD STREET  
SUITE 337  
DORAL, FL 33166 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	MGR	Title	MGR
Name	BARRAZA, NINA P	Name	OLAVE, VICTOR A
Address	7950 NW 53RD STREET SUITE 337	Address	7950 NW 53RD STREET SUITE 337
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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:** VICTOR OLAVE

CEO

04/21/2015

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

\_\_\_\_\_  
Date