

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099499

Entity Name: VTS 1 LLC

Current Principal Place of Business:

50 LEANNI WAY E6
PALM COAST, FL 32137

Current Mailing Address:

PO BOX 350511
PALM COAST, FL 32135

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASHTANOVA, MARIA
50 LEANNI WAY E6
PALM COAST, FL 32137 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
Name KASHTANOVA, MARIA
Address 50 LEANNI WAY E6
City-State-Zip: PALM COAST FL 32137

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: MARIA KASHTANOVA

MANAGER

04/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date