## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000050501

Entity Name: VIRTUAL OUT, LLC

ant Principal Place of Pusiness

**Current Principal Place of Business:** 

419 W 49TH STREET

216

HIALEAH, FL 33012

**Current Mailing Address:** 

419 W 49TH STREET 216

HIALEAH, FL 33012

FEI Number: 27-2575747 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, RAFAEL 419 W 49 ST 216

HIALEAH, FL 33012 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: RAFAEL LOPEZ 02/25/2015

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGR Title MGR

Name LOPEZ, RAFAEL Name YANES, LUIS

Address 5035 PALM AVENUE Address 5035 PALM AVENUE
City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title MANAGER

Name FIGUEROA, SARAH T

Address 220 W 74 PL

518

City-State-Zip: HIALEAH FL 33014

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: RAFAEL LOPEZ MGR 02/25/2015

FILED Feb 25, 2015

**Secretary of State** 

CR8622232077