

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064803

Entity Name: VANGUARD PROPERTY SERVICES, LLC**Current Principal Place of Business:**220 CHARLES STREET
PORT ORANGE, FL 32129**Current Mailing Address:**PO BOX 4235
ORMOND BEACH, FL 32175 US**FEI Number:** 27-2865911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHIDDON, MARGARET D
4236 WILLIAM JAMES WAY
TALLAHASSEE, FL 32303 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	MANAGING MEMBER
Name	VANDAGRIFF, SARAH D
Address	PO BOX 4235
City-State-Zip:	ORMOND BEACH FL 32175

Title	SECRETARY
Name	ARSENEAUX, ANNA DURGOLO
Address	PO BOX 4235
City-State-Zip:	ORMOND BEACH FL 32175

Title	TREASURER
Name	MYERS, CHRISTINA
Address	220 CHARLES STREET
City-State-Zip:	PORT ORANGE FL 32129

Title	MANAGER
Name	VANDAGRIFF, JOHN R
Address	PO BOX 4235
City-State-Zip:	ORMOND BEACH FL 32175

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: SARAH D VANDAGRIFF**MANAGING MEMBER****04/07/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date