

2019 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:**220 CHARLES STREET
PORT ORANGE, FL 32129 US**FEI Number:** 27-2865911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS, CHRISTINA
220 CHARLES STREET
PORT ORANGE, FL 32129 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:** CHRISTINA MYERS

04/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------|
| Title | MANAGING MEMBER |
| Name | VANDAGRIFF, SARAH D |
| Address | 220 CHARLES STREET |
| City-State-Zip: | PORT ORANGE FL 32129 |

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

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

| | |
|-----------------|-----------------------|
| 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 VANDAGRIFF

MANAGING MEMBER

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date