

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044644

**Entity Name:** VAP BRICKELL LLC

**Current Principal Place of Business:**

1470 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919

**Current Mailing Address:**

1470 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 US

**FEI Number:** 45-1645208

**Certificate of Status Desired:** No

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

HARDIN, PATTI R  
1470 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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           VAP SUNSHINE LLC  
Address        1470 ROYAL PALM SQUARE BLVD  
City-State-Zip: FORT MYERS FL 33919

Title           MANAGER  
Name           SZABARI, ENDRE  
Address        22789 SW 92ND PLACE  
City-State-Zip: CUTLER BAT FL 33190

Title           MANAGER  
Name           BROWNDORF, MATTHEW C  
Address        1900 MAIN STREET, SUITE 640  
City-State-Zip: IRVINE CA 92614

Title           MANAGER  
Name           POLITANO, CARLOS  
Address        1900 MAIN STREET, SUITE 640  
City-State-Zip: IRVINE CA 92614

*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:** PATTI R HARDIN

**REGISTERED AGENT**

**01/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date