

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000135450

**Entity Name:** DRL VDS LLC

**Current Principal Place of Business:**

1627 E VINE ST  
SUITE E  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1627 E VINE ST  
SUITE E  
KISSIMMEE, FL 34744 US

**FEI Number:** 45-3944422

**Certificate of Status Desired:** No

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

LOWERY, DEION R  
1627 E VINE ST,  
SUITE E  
KISSIMMEE, FL 34744 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 MGRM  
Name LOWERY, DEION R  
Address 1627 E VINE ST, SUITE E  
City-State-Zip: KISSIMMEE FL 34744

Title AUTHORIZED REPRESENTATIVE  
Name BADGER, EMILY  
Address 1627 E VINE STREET  
SUITE E  
City-State-Zip: KISSIMMEE FL 34744

*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:** DEION LOWERY

**MANAGING MEMBER**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date