

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000060399

**Entity Name:** VAPPS, LLC

**Current Principal Place of Business:**

1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**FEI Number:** 45-5088340

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 MGR, DIRECTOR, VP  
Name HERRERA, JUAN CARLOS  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title MGR, DIRECTOR, SECRETARY  
Name EGAN, MIKE F  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title PRESIDENT  
Name WITTMANN, ERIC  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title TREASURER  
Name CAPASSO, ROBERT J  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. TREASURER  
Name REITER, FERNANDO  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. SECRETARY  
Name NELSON, KELLY A  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. SECRETARY  
Name HEFFERMAN, JOHN V  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title ASST. SECRETARY  
Name HINOJOSA, EDUARDO GONZALEZ  
Address 1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

*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:** KELLY A NELSON

ASST SEC

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date