

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000136803

Entity Name: DICKINSON VPH, LLC

Current Principal Place of Business:

4400 S. POPLAR
106
CASPER, WY 82601

FILED
May 06, 2020
Secretary of State
8074414440CC

Current Mailing Address:

4400 S. POPLAR
106
CASPER, WY 82601 US

FEI Number: 46-1284792

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNS
50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202 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 SAFFELL, PAUL K
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name SAFFELL, PAUL K
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name CROUCH, ROBERT
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name MARSHALL, JOHN LIII
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name HOLLAND, GREGORY
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name HELLEIN, SEAN J
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

Title MGRM
Name STOETZEL, RALPH
Address 4400 S. POPLAR
106
City-State-Zip: CASPER WY 82601

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: PAUL SAFFELL

MANAGER

05/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date