

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000079131

**Entity Name:** VCLN & ASSOCIATES, LLC

**Current Principal Place of Business:**

836 W MONTROSE ST  
STE 6  
CLERMONT, FL 34711

**Current Mailing Address:**

836 W MONTROSE ST  
STE 6  
CLERMONT, FL 34711

**FEI Number:** 46-2887653

**Certificate of Status Desired:** No

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

MITRE ACCOUNTING & TAX SERVICES, LLC  
15701 SR 50  
STE 206  
CLERMONT, FL 34711 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 BAKER, CAROLYN A  
Address 836 W MONTROSE ST. STE 6  
City-State-Zip: CLERMONT FL 34711

Title MGR  
Name BAKER, VICTOR J  
Address 836 W MONTROSE ST. STE 6  
City-State-Zip: CLERMONT FL 34711

*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:** VICTOR J BAKER

**MGR**

**04/30/2014**

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

\_\_\_\_\_  
Date