

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000136901

**Entity Name:** VIRGINIA ST LENDING LLC

**Current Principal Place of Business:**

5746 NW 39 AVE  
BOCA RATON, FL 33496

**Current Mailing Address:**

5746 NW 39 AVE  
BOCA RATON, FL 33496 US

**FEI Number:** 46-2584474

**Certificate of Status Desired:** No

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

KELLERMANN VARELA PL  
605 LINCOLN RD  
STE 400  
MIAMI BEACH, FL 33139 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  
Name LACKOWITZ, JEFFREY  
Address 5746 NW 39 AVE  
City-State-Zip: BOCA RATON FL 33496

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:** JEFFREY LACKOWITZ

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date