

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000020055

**Entity Name:** VERIFIED ENCOUNTERS LLC

**Current Principal Place of Business:**

2664 NE 37 DRIVE  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

PO BOX 11025  
FORT LAUDERDALE, FL 33339 US

**FEI Number:** 47-4737468

**Certificate of Status Desired:** No

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

BIRDSONG, ROBERT  
2664 NE 37 DRIVE  
FT LAUD, FL 33308 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 AMBR  
Name BIRDSONG, ROBERT  
Address 373 N RIVER AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title AMBR  
Name LAIETA, GUY  
Address 401 EAST LAS OLAS BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33441

Title AMBR  
Name MOSS, TODD  
Address 401 EAST LAS OLAS BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33441

Title AMBR  
Name MILLER , AIDA  
Address 401 EAST LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title CEO  
Name GILLANDERS, MARK  
Address 373 N RIVER AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** ROBERT BIRDSONG

**DIRECTOR**

**01/31/2023**

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

\_\_\_\_\_  
Date