

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000108419

**Entity Name:** VCOM MOBILITY LLC

**Current Principal Place of Business:**

860-1 SOUTH STATE ROAD 7  
WELLINGTON, FL 33414

**Current Mailing Address:**

860-1 SOUTH STATE ROAD 7  
WELLINGTON, FL 33414

**FEI Number:** 47-4334185

**Certificate of Status Desired:** No

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

VELASCO, MAURICIO  
860-1 SOUTH STATE ROAD 7  
WELLINGTON, FL 33414 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 VELASCO, MAURICIO  
Address 860-1 SOUTH STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33414

*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:** MAURICIO VELASCO

MGR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date