

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000019673

**Entity Name:** VAST SPA SOLUTIONS LLC

**Current Principal Place of Business:**

1021 WILD ELM STREET  
CELEBRATION, FL 34747

**Current Mailing Address:**

1021 WILD ELM STREET  
CELEBRATION, FL 34747 US

**FEI Number:** 81-1317960

**Certificate of Status Desired:** Yes

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

MALOFF, SETH A  
1021 WILD ELM STREET  
CELEBRATION, FL 34747 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            OWNER  
Name            MALOFF, SETH ANDREW  
Address        1021 WILD ELM STREET  
City-State-Zip: CELEBRATION FL 34747

*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:** SETH ANDREW MALOFF

OWNER

03/07/2019

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

\_\_\_\_\_  
Date