

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100648

**Entity Name:** VIDALON LLC

**Current Principal Place of Business:**

223 LOUELLA LANE,  
NOKOMIS,, FL 34275

**Current Mailing Address:**

223 LOUELLA LANE,  
NOKOMIS,, FL 34275 US

**FEI Number:** 82-1466317

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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             | Title           | AMBR               |
| Name            | SELVA, MARIA     | Name            | SELVA, SERGIO LUIS |
| Address         | 223 LOUELLA LANE | Address         | 223 LOUELLA LANE   |
| City-State-Zip: | NOKOMIS FL 34275 | City-State-Zip: | NOKOMIS FL 34275   |

*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:** MARIA SELVA

M

02/08/2019

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

\_\_\_\_\_  
Date