

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000158696

Entity Name: VIRTUS NORTH AMERICA LLC**Current Principal Place of Business:**1012 E OSCEOLA PKWY SUITE 1
KISSIMMEE, FL 34744**Current Mailing Address:**1012 E OSCEOLA PKWY SUITE 1
KISSIMMEE, FL 34744 US**FEI Number:** 37-1865188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEDOMTAX ACCOUNTING & MULTISERVICES INC
1016 E OSCEOLA PKWY
KISSIMMEE, FL 34744 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 MATEEN, IMRAN
Address 1012 E OSCEOLA PKWY SUITE 1
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name IMRAN, MUNIZA
Address 1012 E OSCEOLA PKWY SUITE 1
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name IMRAN, ALLAH D
Address 1012 E OSCEOLA PKWY SUITE 1
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name IMRAN, KASHEF
Address 1012 E OSCEOLA PKWY SUITE 1
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name AHMED, BILAL
Address 1012 E OSCEOLA PKWY SUITE 1
City-State-Zip: KISSIMMEE FL 34744

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: BILAL AHMED**MANAGER****04/24/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date