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: ALFREDO PORTO

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

04/29/2024

Date

Certificate of Status Desired: No

Authorized Person(s) Detail :				
Title	OWNER	Title	OWNER	
Name	PORTO, ALFREDO SR	Name	PORTO, ALFREDO SR	
Address	1000 5TH STREET 200	Address	1000 5TH STREET 200	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

S

ne above nam	ied entity submits this statement for the purpose of changing it	is registered onice of re	gistered agent, or boun, in the Ota
GNATUF	RE:		
	Electronic Signature of Registered Agent		
Authorized	d Person(s) Detail :		
Title	OWNER	Title	OWNER
lame	PORTO, ALFREDO SR	Name	PORTO, ALFREDO SR
Address	1000 5TH STREET	Address	1000 5TH STREET

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.

MIAMI BEACH, FL 33139 US

Name and Address of Current Registered Agent:

PORTO, ALFREDO SR 1000 5TH STREET

200

1000 5TH STREET 200

DOCUMENT# L19000276558

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: VIDEOLAB SOLUTIONS LLC

Current Principal Place of Business:

1000 5TH STREET 200 MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139 UN

FEI Number: 85-0675936

