

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000251483

**Entity Name:** VCAD LLC

**Current Principal Place of Business:**

390 LASSO DR  
KISSIMMEE, FL 34747

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD  
DAVENPORT, FL 33896 US

**FEI Number:** 36-4989411

**Certificate of Status Desired:** No

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

RODRIGUES VACCARO, DULCE INES  
390 LASSO DR  
KISSIMMEE, 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            AMBR  
Name            RODRIGUES VACCARO, DULCE INES  
Address        390 LASSO DR  
City-State-Zip: KISSIMMEE 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:** RODRIGUES VACCARO , DULCE INES

AMBR

03/08/2023

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

\_\_\_\_\_  
Date