

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000127601

**Entity Name:** VBDS, LLC

**Current Principal Place of Business:**

3201 SW 33RD RD  
OCALA, FL 34474

**Current Mailing Address:**

3101 SW 34TH AVE STE 905 UNIT 284  
OCALA, FL 34474 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SANDRAPATY, RAVICHANDRA  
3101 SW 34TH AVE STE 905 UNIT 284  
OCALA, FL 34474 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            VASUDEVAN, ANJU  
Address        3510 SW 24TH AVENUE ROAD  
City-State-Zip: Ocala FL 34471

Title            AMBR  
Name            BALARAMAN, RAMA  
Address        1300 SE 73RD PLACE  
City-State-Zip: Ocala FL 34480

Title            AMBR  
Name            DOSHI, KETAN  
Address        4903 SE 6TH AVE  
City-State-Zip: Ocala FL 34480

Title            AMBR  
Name            SANDRAPATY, RAVICHANDRA  
Address        3101 SW 34TH AVE STE 905 UNIT 284  
City-State-Zip: Ocala FL 34474

*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:** RAVICHANDRA SANDRAPATY MD

**AUTHORIZED AGENT**

**05/01/2023**

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

\_\_\_\_\_  
Date