

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009294

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** VIRTUAL BUSINESS SERVICES, LLC

**Current Principal Place of Business:**

156 SW RIDGECREST DR.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

156 SW RIDGECREST DR.  
PORT ST. LUCIE, FL 34953 UN

**Current Mailing Address:**

P.O. BOX 800  
PALM CITY, FL 34991

**New Mailing Address:**

P.O. BOX 800  
PALM CITY, FL 34991 UN

**FEI Number:** 26-4163149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, SELINA S  
156 SW RIDGECREST DR.  
PORT ST. LUCIE, FL 34953 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DELGADO, SELINA S  
Address: P.O. BOX 800  
City-St-Zip: PALM CITY, FL 34991 UN

Title: MGRM  
Name: DELGADO, MARCOS A  
Address: P.O. BOX  
City-St-Zip: PALM CITY, FL 34991 UN

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SELINA S. DELGADO

MGR

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date