

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028550

**Entity Name:** VCH CITRUS, LLC

**Current Principal Place of Business:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

**Current Mailing Address:**

5389 NW LILY AVENUE  
ARCADIA, FL 34266

**FEI Number:** 65-0185934

**Certificate of Status Desired:** No

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

LOWMAN, WILLIAM RJR.,ESQ  
C/O SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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 MGRM  
Name HOLLINGSWORTH, VERNON CIII  
Address 5389 NW LILY AVENUE  
City-State-Zip: ARCADIA FL 34266

Title MGR  
Name HOOPINGARNER, MARY L  
Address 5389 NW LILY AVENUE  
City-State-Zip: ARCADIA FL 34266

Title MGR  
Name THORNTON, MYRA B  
Address 5389 NW LILY AVENUE  
City-State-Zip: ARCADIA FL 34266

*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:** MARY LOU HOOPINGARNER

MGR

04/06/2023

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

\_\_\_\_\_  
Date