

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000112872

**Entity Name:** VCAN GROUP, LLC

**Current Principal Place of Business:**

14327 MOON FLOWER DR  
TAMPA, FL 33626

**Current Mailing Address:**

14327 MOON FLOWER DR  
TAMPA, FL 33626

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DR. STE 150A  
TAMPA, FL 33607 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 MGR  
Name RAMANATHAN, SABARISH  
Address 14327 MOON FLOWER DR  
City-State-Zip: TAMPA FL 33626

Title PRESIDENT  
Name SABARISH, SARANYA  
Address 14327 MOON FLOWER DR  
City-State-Zip: TAMPA FL 33626

*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:** SARANYA SABARISH

**PRESIDENT**

**01/19/2015**

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

\_\_\_\_\_  
Date