

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000121169

Entity Name: VOS UTILITY, LLC**Current Principal Place of Business:**12001 SW 128 CT
SUITE 206
MIAMI, FL 33186**Current Mailing Address:**12001 SW 128 CT
SUITE 206
MIAMI, FL 33186 US**FEI Number:** 46-3511109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 600
TALLAHASSEE, FL 32301 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, ASSISTANT SECRETARY
Name CLAYTON, MATTHEW R
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

Title MGR, CEO
Name RAMIREZ, RUBEN
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

Title CFO & CAO
Name RAMIREZ, MICHELLE
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

Title ASSISTANT SECRETARY
Name WALKER, W. MICHAEL
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

Title ASSISTANT SECRETARY
Name PISCIOOTTO, JR., ANDREW P.
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

Title SECRETARY, VICE PRESIDENT
Name SANTIAGO, CHRISTIAN
Address 12001 SW 128 CT
SUITE 206
City-State-Zip: MIAMI FL 33186

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: MATTHEW R. CLAYTON**MANAGER****02/03/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date