

**2024 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 1688 W. HIBISCUS BLVD  
City-State-Zip: MELBOURNE FL 32901

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

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

Title ASSISTANT SECRETARY  
Name WALKER, W. MICHAEL  
Address 1688 W. HIBISCUS BLVD  
City-State-Zip: MELBOURNE FL 32901

Title VP, SECRETARY  
Name LEE , ALLAN  
Address 1688 W. HIBISCUS BLVD  
City-State-Zip: MELBOURNE FL 32901

*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:** ALLAN LEE

**SECRETARY**

**04/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date