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: AMANDA CALLES

Electronic Signature of Signing Authorized Person(s) Detail

Name and Add 40

CALLES, RU 23340 ABER LAND O LAK

The above nar orida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	CALLES, RUBEN M	Name	CALLES, AMANDA
Address	14034 N FLORIDA AVE	Address	23340 ABERCORN LANE
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	LAND O LAKES FL 34639

Address of Current Registered Agent:
BEN M CORN LANE (ES, FL 34639 US
ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000109337

Entity Name: VETERANS NATIONAL PROPERTY SERVICES, LLC

Current Principal Place of Business:

14034 N FLORIDA AVE TAMPA, FL 33613

Current Mailing Address:

14034 N FLORIDA AVE TAMPA, FL 33613 US

FEI Number: 47-1304777

Certificate of Status Desired: No

MEMBER

02/09/2024

Date

FILED Feb 09, 2024 Secretary of State 1026284428CC

Date