I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am a managing member or manager of the limited liability company or the receiver or tr		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: RUBEN CALLES	CEO	04/29/2015

SIGNATURE: RUBEN CALLES

L

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L14000109337

Entity Name: VETERANS NATIONAL PROPERTY SERVICES, LLC

#### **Current Principal Place of Business:**

**104 MYRTLERIDGE ROAD** LUTZ. FL 33549

# **Current Mailing Address:**

**104 MYRTLE RIDGE ROAD** LUTZ. FL 33549 US

# FEI Number: 47-1304777

# Name and Address of Current Registered Agent:

CALLES, RUBEN M 23340 ABERCORN LN LAND O LAKES, FL 34639 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

# Authorized Person(s) Detail :

Tit	tle	MGR	Title	MGR
Na	ame	CALLES, RUBEN M	Name	SWENSON, MICHAEL J
Ac	ddress	23340 ABERCORN LN	Address	12008 HOPE LN
Ci	ity-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	TAMPA FL 33618
Tit	tle	MGR		
Na	ame	SWENSON, MICHAEL J		
Ac	ddress	12008 HOPE LANE		
Ci	ity-State-Zip:	TAMPA FL 33618		

Certificate of Status Desired: No

Date

Date

FILED Apr 29, 2015 Secretary of State CC5183882150