

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000115243

**Entity Name:** VIEWPRO, LLC

**Current Principal Place of Business:**

649 W OAKLAND PARK BLVD  
#102  
WILTON MANORS, FL 33311

**Current Mailing Address:**

649 W OAKLAND PARK BLVD  
#102  
WILTON MANORS, FL 33311

**FEI Number:** 47-4431926

**Certificate of Status Desired:** No

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

HOLCOMB, LOUIS W  
649 W OAKLAND PARK BLVD  
# 102  
WILTON MANORS, FL 33311 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 HOLCOMB, LOUIS W  
Address 649 W OAKLAND PARK BLVD  
City-State-Zip: WILTON MANORS FL 33311

Title AUTHORIZED MEMBER  
Name SANTOS, MIKEALA LYNN  
Address 4610 CLARA STREET  
City-State-Zip: PENSACOLA FL 32526

*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:** LOUIS W. HOLCOMB

**MANAGER**

**03/17/2016**

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

\_\_\_\_\_  
Date