

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000122928

**Entity Name:** VIRTUAL ADMINISTRATIVE CONSULTANT LLC

**Current Principal Place of Business:**

14118 SW 282ND ST.  
MIAMI, FL 33033

**Current Mailing Address:**

PO BOX 83-0985  
MIAMI, FL 33283-0985 US

**FEI Number: 82-1790500**

**Certificate of Status Desired:** No

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

PENA, ADA M  
14118 SW 282ND ST.  
MIAMI, FL 33033 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           MANAGER  
Name           PENA, ADA M  
Address       PO BOX 83-0985  
City-State-Zip: MIAMI FL 33283-0985

*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: ADA M PENA**

**MANAGER**

**04/22/2019**

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

\_\_\_\_\_  
Date