

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000439374

**FILED**  
**Feb 03, 2023**  
**Secretary of State**  
**5464007998CC**

**Entity Name:** VIJL LLC

**Current Principal Place of Business:**

2740 SHAUGNESSY DRIVE  
WELLINGTON, FL 33414

**Current Mailing Address:**

2740 SHAUGNESSY DRIVE  
WELLINGTON, FL 33414 UN

**FEI Number:** 87-3013358

**Certificate of Status Desired:** No

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

MUDINAS, VITAS  
2740 SHAUGNESSY DRIVE  
WELLINGTON, FL 33414 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 MUDINAS, VITAS  
Address 2740 SHAUGNESSY DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MUDINAS, JAMES  
Address 2740 SHAUGNESSY DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MUDINAS, LUCAS  
Address 2740 SHAUGNESSY DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name KIKEEVA, INNA  
Address 2740 SHAUGNESSY DRIVE  
City-State-Zip: WELLINGTON FL 33414

*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:** VITAS MUDINAS

**CEO**

**02/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date