## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000509731

Entity Name: VILBORO, LLC

Feb 07, 2025 **Secretary of State** 6371551286CC

**FILED** 

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

1317 EDGEWATER DR

#3090

ORLANDO, FL 32804

## **Current Mailing Address:**

1317 EDGEWATER DR #3090

ORLANDO, FL 32804

FEI Number: 33-2403972 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LERICHE, ROOSEVELT 1317 EDGEWATER DR #3090 ORLANDO, FL 32804 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title AR

Name LERICHE, ROOOSEVELT Name PIERRE, CLUNY M

1317 EDGEWATER DR, #3090 Address 1317 EDGEWATER DR, #3090 Address

ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804 City-State-Zip:

Title MGR Title AR

ROOSEVELT, LERICHE Name PIERRE, CLUNY M Name

Address 1317 EDGEWATER DR, #3090 Address 1317 EDGEWATER DR, #3090

City-State-Zip: ORLANDO FL 32804 ORLANDO FL 32804 City-State-Zip:

Title AR Title MGR

PIERRE, CLUNY Name Name LERICHE, ROOSEVELT

Address 1317 EDGEWATER DR, #3090 Address 1317 EDGEWATER DR, #3090

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

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: ROOSEVELT LERICHE

**OWNER** 

02/07/2025