

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000009083

**Entity Name:** VT ADMINISTRATION SERVICES, LLC

**Current Principal Place of Business:**

90 FORT WADE RD  
STE 116  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

90 FORT WADE RD  
STE 116  
PONTE VEDRA, FL 32081 US

**FEI Number:** 27-3358911

**Certificate of Status Desired:** Yes

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

CHRISTOPHER, CHARLES E  
90 FORT WADE RD  
STE 116  
PONTE VEDRA, FL 32081 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           | MBR                             | Title           | MBR                        |
| Name            | SMITH, PAULA W                  | Name            | CHRISTOPHER, CHARLES E     |
| Address         | 4602 CARLTON DUNES DR - UNIT 14 | Address         | 182 RIVER MARSH DR         |
| City-State-Zip: | FERNANDINA BEACH FL 32034       | City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

*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:** PAULA W SMITH

**MEMBER**

**02/21/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date