

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010052

**Entity Name:** VIBE COMMUNICATIONS LLC**Current Principal Place of Business:**7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702**Current Mailing Address:**1290 BLOSSOM DR  
VICTOR, NY 14564 US**FEI Number:** 38-3923410**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS, INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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 RIVERA, RUBEN C  
Address 1818 HARRISON AVE  
City-State-Zip: LIMA NY 14485Title AP  
Name RIVERA, RUBEN C  
Address 1818 HARRISON AVE  
City-State-Zip: LIMA NY 14485Title MGR  
Name RIVERA, RACHEL L  
Address 1818 HARRISON AVE  
City-State-Zip: LIMA NY 14485Title MBR  
Name RIVERA, RUBEN C  
Address 1818 HARRISON AVE  
City-State-Zip: LIMA NY 14485Title AP  
Name RAMOS, PRUDENCE  
Address 1290 BLOSSOM DR  
City-State-Zip: VICTOR NY 14564Title AP  
Name RIVERA, RACHEL L  
Address 1818 HARRISON AVE  
City-State-Zip: LIMA NY 14485

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:** RUBEN RIVERA**MANAGER****04/12/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date