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SECRETARY OF LORIE.

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 19, 2004

VEGAMAN LLC 525 NAVARRE AVE. CORAL GABLES, FL 33134

SUBJECT: VEGAMAN LLC Ref. Number: L02000004386

£250 99

We have received your document for VEGAMAN LLC and your check(s) totaling \$35.00/ However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 204A00011505

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	Vegaman LLC
2. The mailing address of the limited liability com	V
Coral Sables 7/ 33139	
2/20/00	L. 02 00000 4386
3. Date of filing/registration in Florida	4. Document number
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A	$\frac{84/3}{\text{ddress}}$ $\frac{65ec}{\text{ate and Zip}} = \frac{7.32315}{\text{ate and Zip}}$
6. The name and address of the new registered ages	nt and/or office:
Florida street address ()  Cota / Codes	me  Varre Ave P.O. Box NOT acceptable)  FL 33/34  te and Zip
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the cl the members of the limited liability company or as the operating agreement of the limited liability company.	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or apany.
(Signature of a member or authorized representative of a member)  (Printed or typed name of signee)	
· ·	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in it is do merely reflect a change in the registered office company has been notified in writing of this change.
	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)