

10000005620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

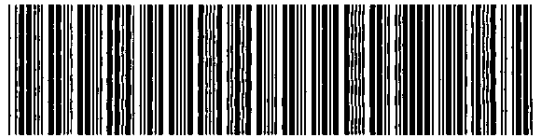
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FEB 10 2010

**EXAMINER**



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02/08/10--01037--004 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 FEB -9 PM 2:41

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VRINDA ENTERPRISES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jagdeo Seepersad

Name of Person

Vrinda Enterprises LLC

Firm/Company

429 Lenox Ave, Suite P-602

Address

Miami Beach, Florida. 33139

City/State and Zip Code

vrinda.enterprises@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jags Seepersad

Name of Person

at ( 954 )

696 6014

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Vrinda Enterprises LLC

2. (a) Principal office address of limited liability company: 429 Lenox Ave, Suite P-209

☒ (Note: **MUST BE STREET ADDRESS**) Miami Beach, Florida 33139

(b) Mailing address of limited liability company: P.O. Box 9466,

☒ (Note: **MAY BE POST OFFICE BOX**) Ft Lauderdale, Florida 33310

01/15/10

3. Date of filing/registration in Florida

L0000005620

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Natalia Utrera, Vice President


Registered Office Address: Spiegel & Utrera, P.A.  
1840 Coral Way, 4th Fl Miami, FL 33145  
305 854 6000

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

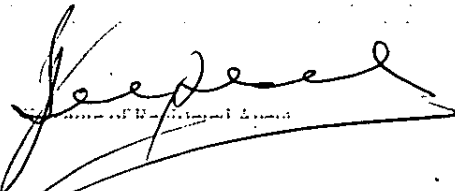
**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** \_\_\_\_\_  
**(MUST BE FLORIDA STREET ADDRESS)** \_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business address of the registered agent will be identical. For in the case of a Florida limited liability company, the registered office and the business address must be identical.

  
Signature of a member or authorized representative of a member

JAGDEO SCAPERSON

  
\_\_\_\_\_  
Name of Registered Agent

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