FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90809 029 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004045

1. Entity Name
VAG, LLC

Principal Place of Business
~~6811 YELLOWSTONE LANE~~
~~PARKLAND, FL 33067~~

Mailing Address
~~6811 YELLOWSTONE LANE~~
~~PARKLAND, FL 33067~~

2. Principal Place of Business: 41 N FEDERAL HWY
Suite, Apt. #, etc.: POMPANO BEACH, FL 33062
City & State: POMPANO BEACH, FL
Zip: 33062 Country: US

3. Mailing Address: 5365 W. ATLANTIC AVE
Suite, Apt. #, etc.: 503
City & State: DELRAY BEACH FL
Zip: 33484 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0602310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUPTA, VIJAY K
~~6811 YELLOWSTONE LANE~~
~~PARKLAND, FL 33067~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2796 NE 5th Street
City: POMPANO BEACH FL Zip Code: 33062

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME VIJAY K. Gupta STREET ADDRESS 5365 W. ATLANTIC AVE, Ste 503 CITY-ST-ZIP DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #