

LD5000074216

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 28 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** V2 International, LLC SILVA, FRANCISCA MGR  
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 \_\_\_\_\_

**FRANCISCA SILVA**

Name of Person

**V2 International, LLC**

Firm/Company

**7709 NW SOUTH RIVER DR**

Address

**MEDLEY, FL 33166**

City/State and Zip Code

SONIA SILVA VAZQUEZ@yahoo.com

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

For further information concerning this matter, please call:

**FRANCISCA SILVA** at ( **786** ) **314-0176**

Name of Person

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: V2 International, LLC

2. (a) Principal office address of limited liability company: 7709 NW SOUTH RIVER DR  
MEDLEY, FL 33166  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 7709 NW SOUTH RIVER DR  
MEDLEY, FL 33166  
**(Note: MAY BE POST OFFICE BOX)**

07/25/2005

3. Date of filing/registration in Florida

4. Document number

L05000074216

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

Registered Agent: SILVA, SONIA C

Registered Office Address: 7709 NW SOUTH RIVER DR  
MEDLEY, FL 33166

FILED  
2005 AUG 27 AM 11:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**NEW Registered Agent:** SILVA, FRANCISCA

**NEW Registered Office Address:** 7709 NW SOUTH RIVER DR  
**(MUST BE FLORIDA STREET ADDRESS)** MEDLEY, FL 33166

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 office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Francisca Silva  
Signature of a member or authorized representative of a member

Francisca Silva  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Francisca Silva  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00