

LOS000092323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

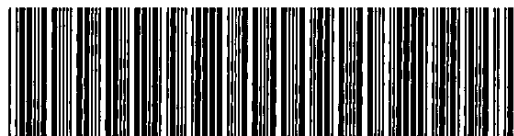
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/07--01057--004 **25.00

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2007 MAR -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2007

PAVEL KUTSAYEV
1419 TRIPOLI STREET
NORTH PORT, FL 34286

SUBJECT: VIP CONSULTANTS, LLC
Ref. Number: L05000092323

We have received your document for VIP CONSULTANTS, LLC and your check(s) totaling \$25.00. 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 007A00008897

2007 MAR -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Pavel Kutsayev
1419 Tripoli St.
North Port, FL 34286

January 31, 2007

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

My name is Pavel Kutsayev. I am a registered agent and manager for VIP Consultants, LLC. The principal address is: 14525 Tamiami Tr. Suit 9, North Port, FL 34287. The mailing address is the same to the company.

FEI NUMBER: **201323203**

FLORIDA DEPARTMENT OF STATE, DIVISION OF
CORPORATIONS DOCUMENT NUMBER: **L05000092323**

I am no longer with VIP Consultants, LLC. I have not been with the company since September 2006. Please remove my name from all documents associated with VIP Consultants, LLC. I am enclosing a money order for \$25.00 with this letter for your services as stated in a previous letter from you as to how I was to remove my name from VIP Consultants, LLC. Thank-you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pavel Kutsayev', with a stylized flourish at the end.

Pavel Kutsayev

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP Consultants, 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:

Pavel Kutsayev
(Name of Person)

VIP Consultants, LLC
(Firm/Company)

1419 Tripoli St.
(Address)

North Port, FL 34286
(City/State and Zip Code)

2007 MAR -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Pavel Kutsayev at (941) 237.8585
(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 (Paid) ☐ \$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. The name of the limited liability company is: VIP Consultants, LLC
2. The mailing address of the limited liability company is: 14525 Tamiami Tr. Suite 9
North Port, FL 34287
3. Date of filing/registration in Florida: 6.9.2004
4. Document number: 605-92323
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Pavel Kutsayev
Name

5178 Gibson Ln
Address

Port Charlotte FL 33981
City, State and Zip

6. The name and address of the new registered agent and/or office:

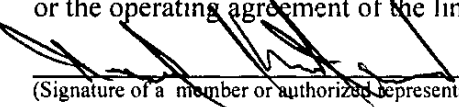
Zinchuk, Vitaliy
Name

18359 Oxford ave

Florida street address (P.O. Box NOT acceptable)

Port Charlotte FL 33948
City, State and Zip

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.


(Signature of a member or authorized representative of a member)

Pavel Kutsayev
(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.


(Signature of Registered Agent)

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

FILED
2007 MAR -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA