## 106000035386

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	idress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL .			
(Business Entity Name)					
·	ocument Number)	ţ .			
(==	,	; }			
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
·					
	•••				

Office Use Only



000103742620

06/04/07--01024--004 \*\*35.00

per 65H



June 5, 2007

VICTOR SMITH P.O. BOX 2295 WINTER HAVEN, FL 33883

SUBJECT: VRS PROPERTIES, LLC

Ref. Number: L06000035386

We have received your document for VRS PROPERTIES, 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) 245-6020.

Letter Number: 107A00038312

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

Division of Corporations					
VPS Proportion 11.0					
SUBJECT: VRS Properties, LLC (Name of Corporation)					
·	,				
DOCUMENT NUMBER: L06000035386					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Victor R. Smith					
(Name of Contact Person)					
VRS Properties, LLC (Firm/Company)					
(Firm/Company)					
D.O. Poy 2205					
P.O. Box 2295 (Address)					
(**13333)					
Winter Haven, FL 33883					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
, p					
Beth Hines at ( 8	63 ) 293-1184 rea Code & Daytime Telephone Number)				
(Name of Contact Person) at (8)	rea Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				

TO:

Amendment Section

## STRAUGHN, TURNER & SMITH, P.A. ATTORNEYS AND COUNSELOR AT LAW

RICHARD E. STRAUGHN MARK G. TURNER VICTOR R. SMITH J. KEMP BRINSON

. . . .

255 MAGNOLIA AVENUE SW WITER HAVEN, FLORIDA 33880

TELEPHONE: (863) 293-1184 FAX: (863) 293-3051

**MAILING ADDRESS** POST OFFICE BOX 2295 WINTER HAVEN, FLORIDA 33883-2295

GERALD P. HILL, II, LL.M. Brian J. Knowles

> JACK STRAUGHN (1925-2000)

> > June 14, 2007

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: Attorney Fees

To whom it may concern:

Enclosed please find the correct documents for our Change of Registered Office for Limited Liability Company. Also enclosed please find your letter dated June 5, 2007 stating you received our check for \$35.00 but we filled out the wrong form for LLC.

I understand reading the bottom of the enclosed cover letter you sent me that it is \$25.00 for Change of Registered Office for LLC. Please reimburse our \$10.00 overpayment made payable to:

> Victor R. Smith P.O. Box 2295 Winter Haven, FL 33883

> > Beth Hines

Sincerely

(Bookkeeping)

## · · · 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 limit	ed liability company is	: VRS	Properties, LLC		
2. The mailing address o	f the limited liability c	ompany	is : P.O. Box 1145		
Lake Alfred, FL 33850					
04-05-2006			L06000035386		
3. Date of filing/registration in Florida			4. Document nur	nber	
5. The name of the regist Florida Department of		istered o	office address as shown	on the records of the	
<b> </b>	Victor R. Smith				
		Name	2		
170 East Haines Blvd.					
		Addre	SS		
	Lake Alfred, FL 3				
	City	, State a	ınd Zip		
6. The name and address	of the new registered a	agent ar	nd/or office:		
		Name			
	255 Magnolia Ave				
	Florida street addre	ss (P.O.	Box NOT acceptable)		
	Winter Haven,	FL	33880		
	City,	State an	ıd Zip		
If the limited liability conconfirmed that affer the	pping is not organized hange or thanges are i	d under t made, th	the laws of the State of I ne Florida street address dentical. Or, in the case	Florida, it is hereby of the registered office	
and the business of fice of liability company it is no	f (he vægistered agent v	vill be id	dentical. Or, in the case	of a Florida limited deby an affirmative vote	
	nited liability compan	v or as (	otherwise provided in the	e articles of organization	
or the operating/agreeme	my of the limited liabili	ty comp	pany.		
'           <del>                           </del>	<b>II</b> I / I				
(Signature of a transfer or sutto	zed representative of a mem	ber)			
Victor R. Smith	, , , _				
(Printed or typed name of signee	)	<del></del>	<del></del>		
		avent a	nd agree to act in this co	inacity. I further agree to	
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	ns of all statutes relati nd accept the obligatio this document is being that the limited liabil	ve to the ons of my filed to lity comp	e proper and complete p y position as registered i merely reflect a change pany has been notified it	pacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

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

(Signature of Registered Agent)