

L06000071586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 3 AM 11 15

T. HAMPTON
MAY - 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vestor Insurance Service
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:

Jane Dunay
Name of Person

Vestor Insurance Service, LLC
Firm/Company

4023 Sawyer Rd Suite 103
Address

Sarasota FL 34233
City/State and Zip Code

JED 19 @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Dunay at (941) 548-1400
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



RECEIVED

10 MAY -3 PM 4:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 9, 2010

JANET DUNAY
4023 SAWYER RD
STE 103
SARASOTA, FL 34283

SUBJECT: VESTOR INSURANCE SERVICES, LLC
Ref. Number: L06000071586

We have received your document for VESTOR INSURANCE SERVICES, 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00008807

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: Vado Insurance Services LLC

2. (a) Principal office address of limited liability company: **(Note: MUST BE STREET ADDRESS)**
2000 Webber St
Sarasota 34239

(b) Mailing address of limited liability company: **(Note: MAY BE POST OFFICE BOX)**
4/2/10
Same as above
L 06 0000 71586

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: James Dunay
Registered Office Address: 4023 Sawyer Rd # 103
Sarasota FL 34239

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

NEW Registered Agent: James Dunay
NEW Registered Office Address: 4023 Sawyer Rd # 103
(MUST BE FLORIDA STREET ADDRESS) Sarasota, FL 34239

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.

James Dunay
Signature of a member or authorized representative of a member
JAMES DUNAY
Printed or typed name of signee

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.

James Dunay
Signature of Registered Agent

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

