

**L06000073353**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

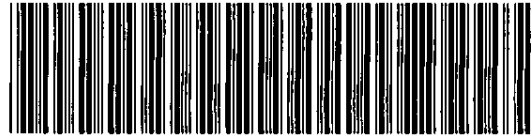
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/18/10--01012--021    \*\*150.00

**FILED**  
2010 DEC -7 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
Dec. 8, 2010  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2010

ALLAN JOSEPH / DAVID & JOSEPH PL  
1001 BRICKELL BAY DRIVE  
SUITE 2002  
MIAMI, FL 33131

SUBJECT: VICTORY MANAGEMENT LLC  
Ref. Number: L06000073353

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

This company was the only LLC by this name.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 510A00027320

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victory Management 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:

Allan Joseph

Name of Person

David & Joseph PL

Firm/Company

1001 Brickell Bay Drive, suite 2002

Address

Miami, FL 33131

City/State and Zip Code

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

~~No document~~

For further information concerning this matter, please call:

Michael VanPatten

Name of Person

at ( 732 )

417-1040

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

RX Date/Time

12/07/2010

14:52

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Victory Int'l

# 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: Victory Management LLC

2. (a) Principal office address of limited liability company: 75 Newfield Ave



(Note: **MUST BE STREET ADDRESS**)

Edison, NJ 08837

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

L 060000073353  
20-5309734

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:

YOUNG, ANDREW M

Registered Office Address:

9651 NW 42ND STREET  
CORAL SPRINGS, FL 33065 US

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

NEW Registered Agent:

Allan Joseph

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

David & Joseph Pl

1001 Brickell Bay Drive

Miami, FL 33131

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

Anil K. Monga

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