

L07000023196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

FEB 18 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2008

DARREN L. EPSTEIN
9 SW 13 STREET 2ND FLOOR
FT. LAUDERDALE, FL 33315

SUBJECT: VIRTUAL CASE MANAGEMENT LLC
Ref. Number: L07000023196

We have received your document for VIRTUAL CASE MANAGEMENT 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 808A00005162

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Case 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:

Darren L. Epstein
(Name of Person)

Virtual Case Management LLC
(Firm/Company)

9 SW. 13 Street 2nd Floor
(Address)

Fort Lauderdale, FL 33315
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Darren L. Epstein at (800) 329-9691
(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. The name of the limited liability company is: Virtual Case Management, LLC
2. The mailing address of the limited liability company is: 9 SW 13 Street 2nd Floor
Fort Lauderdale, FL 33315

2/27/07
3. Date of filing/registration in Florida

L07000023196
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations International Inc.
Name
11380 Prosperity Farms Rd. #221E
Address
Palm Beach Gardens, FL 33410
City, State and Zip

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

Darren L. Epstein
Name
9 SW 13 Street 2nd FL
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33315
City, State and Zip

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

Darren L. Epstein
(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.

[Signature]
(Signature of Registered Agent)

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