

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000023196

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** VIRTUAL CASE MANAGEMENT LLC

**Current Principal Place of Business:**

1220 SW 1ST AVE  
FT. LAUDERDALE, FL 333161802

**New Principal Place of Business:**

9 SW 13TH STREET  
SUITE 2  
FT. LAUDERDALE, FL 33315

**Current Mailing Address:**

1220 SW 1ST AVE  
FT. LAUDERDALE, FL 333161802

**New Mailing Address:**

9 SW 13TH STREET  
SUITE 2  
FT. LAUDERDALE, FL 33315

**FEI Number:** 20-8548006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

EPSTEIN, DARREN L  
9 SW 13 STREET  
SUITE 2  
FT. LAUDERDALE, FL 33315 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARREN L. EPSTEIN

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EPSTEIN, DARREN L  
Address: 1220 SW 1ST AVE  
City-St-Zip: FT. LAUDERDALE, FL 333161802

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EPSTEIN, DARREN L  
Address: 9 SW 13TH STREET SUITE 2  
City-St-Zip: FT. LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARREN L. EPSTEIN

PRES

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date