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(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
TAREGREASSEE, FLORIDI

M. THOMAS

AUG 2 5 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: VAA LLC	
SUBJECT: VAA LLC Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Gayle Bundschu Name of Person	
VAA, LLC Firm/Company	TALL SECTION
10181 Six Mile Cypress Address	PKWY, Suite A-1 PKWY, Suite A-1 PKWY, Suite A-1 PKWY, Suite A-1
Fort Myers FL 330 City/State and Zip Code	764 FSEE 3
gayle bundschue bundschue Hamail address: (to be used for future annual re	Wraft. Com port notification)
For further information concerning this	matter, please call:
Gayle Bunclschu Name of Person	at (239) 693-100 o 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	owing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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.

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1. Name of the limited liability company:	A, LLC
.2. (a) Principal office address of limited liability compan	y: 10181 Six Mile Cypress Pkuy,
(Note: MUST BE STREET ADDRESS)	Suite 4-1 Fort Myers, FL 33966
(b) Mailing address of limited liability company:	10181 Six Mile Cypress Pkuy.
(Note: MAY BE POST OF FICE BOX)	SuiteA-1 Fort Myers, FL 33966
9/12/07	L07000093482
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:	Charles C. Bundschu, III.
Registered Office Address:	6700-1 Daniels Plany. Fort Myers, FL 33912
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address? 10181 Si x Mile Cupres Fixus. Suite A-1
MUSI BE FLORIDA SIREEI ADDRESS	Fort Myers ,FL 33966
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a primber or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	