

LD7000096366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

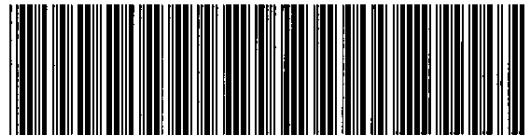
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE

OCT 4 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2011

ROBERT PERROTTI
6317 MCCOY ROAD, SUITE 100
ORLANDO, FL 32822

SUBJECT: VIS LEE VISTA LLC
Ref. Number: L07000096366

We have received your document for VIS LEE VISTA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00021569

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vis Lee Vista 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:

Robert Perrotti
Name of Person

Vehicle Inspection Systems, Inc.
Firm/Company

6317 McCoy Rd Suite 100
Address

Orlando, FL 32822
City/State and Zip Code

RPerrotti@vischeck.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Perrotti at (407) 206-3615
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

Previously sent \$35⁰⁰

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: Vis Lee Vista LLC

2. (a) Principal office address of limited liability company: _____

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

6317 McCoy Rd Suite 100
Orlando, FL 32822

(b) Mailing address of limited liability company: _____

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

6317 McCoy Rd. Suite 100
Orlando FL 32822

9/20/07
3. Date of filing/registration in Florida

L07000096366
4. Document number

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

Registered Agent: Daniel Pollock

Registered Office Address: 6317 McCoy Rd. Suite 100
Orlando, FL 32822

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

NEW Registered Agent: Robert Perrotti

NEW Registered Office Address: 6317 McCoy Rd. Suite 100
(MUST BE FLORIDA STREET ADDRESS) Orlando FL 32822
,FL

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

Muler Fuller
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