L07000122828

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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10 JUN 16 AM II: 56
SECRETARY OF STATE
FAIL AMASSEE, FLORID



J. BRYAN

JUN 17 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2010

VINCENT CASTRONOVO VVNSC, LLC 12329 NW 55TH STREET CORAL SPRINGS, FL 33076

SUBJECT: VVNSC, LLC Ref. Number: L07000122828 10 JUN 16 AN III 56
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

We have received your document for VVNSC, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00013012

June 12, 2010

Mr. Joey Bryan Regulatory Specialist II Florida Department of State Division of Corporations

Re:

VVNSC, LLC

Change of Registered Agent Ref. Number L07000122828

Mr. Bryan,

Enclosed please find a copy of your correspondence dated May 24, 2010 requesting the completion of appropriate documentation. I have reviewed same and completed the proper forms necessary to effectuate a change in registered agent. Please review enclosures and file.

In addition, I had previously submitted a check for thirty-five dollars (\$35.00); however, the filing fee for the appropriate documentation is ten dollars less. Kindly submit a refund in the amount of ten dollars as indicated below:

VVNSC, LLC. 12329 NW 55th Street Coral Springs, FL 33076

Thank you for your assistance in this matter. Please feel free to contact me with any questions or comments at (786) 375-0726.

Sincerely,

Vincent Castronovo

Enclosures (as stated)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VVNSC, 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:	
VINCENT CASTRONOVO Name of Person	
VVNSC LLC Firm/Company	10 71
- 12294 WILES ROAD TO	N 16 AH
CORAL SPRINGS, FC, 33076	56
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Angla Castronovo at (786) 375-0726 Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$55 Filing Fee \$Certified Copy * > please see INHS18 (5/08) attached Corresponse	
regarding previously submitted payment &	

$<\!<$. 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. MANCA

1. Name of the limited liability company:	SC, LLC	
2. (a) Principal office address of limited liability company	12294 Wiles Road	
(Note: MUST BE STREET ADDRESS)	Coral Spring FL 33076	
(b) Mailing address of limited liability company:	12294 Wiles Road	
(Note: MAY BE POST OFFICE BOX)	Coral springs FL 33076	
3. Date of filing/registration in Florida		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Barry Diamond A. Esq	
Registered Office Address:	9728 W Samply Road Coral Springs, FL 33065	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Vincent Castronovo	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	T2294 WILES ROOD COXOL SPYINGS FL 33076	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident 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	lorida street address of the registered office rical. Or, in the case of a Florida limited was/were authorized by an affificative vote wise provided in the articles of capanization.	
Signature of a member or authorized representative of a member	ASSET 6	
Vincent Castrono vo Printed or typed name of signee	OF STATE FLORING	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent