

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000010528

Entity Name: VAP IT SOLUTIONS, LLC

**FILED**  
**Oct 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2831 NW 41ST STREET STE #H  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

2831 NW 41ST STREET  
STE #H  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2831 NW 41ST STREET STE #H  
GAINESVILLE, FL 32606

**New Mailing Address:**

6529 MILLHOPPER ROAD  
GAINESVILLE, FL 32653

FEI Number: 26-4607801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, MANU  
6529 MILLHOPPER RD.  
GAINESVILLE, FL 32653 US

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

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: MANU PATEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PATEL, MANU  
Address: 6529 MILLHOPPER RD.  
City-St-Zip: GAINESVILLE, FL 32653

I hereby 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: MANU PATEL

MGRM

10/03/2010

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