

209000095350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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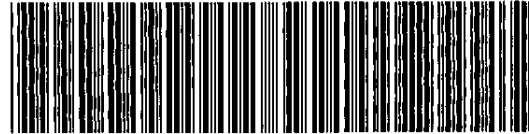
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VND Protection Plus
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra DeRenzo
Name of Person

VND Protection Plus LLC
Firm/Company

10396 W. St. Rd. 84 suite 104
Address

Davie, FL. 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

Alex DeRenzo at 954) 888-1195
Name of Person Area Code & Daytime Telephone Number

11 JUN 28 AM 7:34
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TALLAHASSEE, FLORIDA
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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

UND Protection Plus LLC

The Articles of Organization for this Limited Liability Company were filed on 10/02/09 and assigned Florida document number L09000095350

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	A. Soffer	10396 W 5th Rd 84 #104 Davie FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 06/23/11, _____

14 JUN 28 AM 7:39
SECRETARY OF STATE
ALABAMA
FLORIDA

Alexandra Dehenzo

Signature of a member or authorized representative of a member

Alexandra Dehenzo

Typed or printed name of signee