

LO9 000 117354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

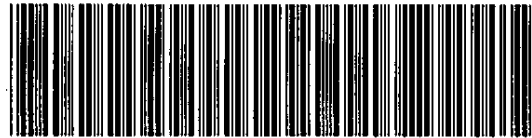
(Business Entity Name)

(Document Number)

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T. CLINE

JUL 21 2010

EXAMINER

2010 JUL 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2010

THOMAS DRISCOLLI
2002 3RD STREET #114
SAN FRANCISCO, CA 94107

SUBJECT: VMG VENTURES, LLC
Ref. Number: L09000117354

We have received your document for VMG VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 210A00015789

2010 JUL 20 AM 10:00
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMG VENTURES, 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:

Thomas L Driscoll
Name of Person

Attorney at Law
Firm/Company

2002 3rd Street #114
Address

San Francisco, CA 94107
City/State and Zip Code

tldriscoll@tld3.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas L Driscoll at (415) 281-0900
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

2000 JUL 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: VMG VENTURES, LLC

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

☒ (Note: **MUST BE STREET ADDRESS**)

1221 BRICKELL AVENUE SUITE 1470
MIAMI FL 33131

(b) Mailing address of limited liability company: _____

☒ (Note: **MAY BE POST OFFICE BOX**)

1221 BRICKELL AVENUE SUITE 1470
MIAMI FL 33131

12/10/2009

3. Date of filing/registration in Florida

4. Document number

L09000117354

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

Registered Agent:

Richard E. Wesslund

Registered Office Address:

1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1221 BRICKELL AVENUE SUITE 1470

Miami, FL 33131

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 of a member or authorized representative of a member

Thomas L Driscoll

Printed or typed name of signer

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00