

L12000015361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

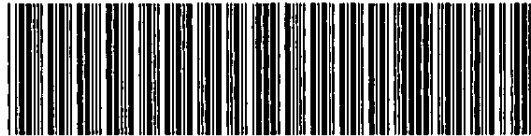
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 30 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2013

RAM SWAMINATHAN  
VMANAGERPROPERTY LLC  
19101 WIND DANCER STREET  
LUTZ, FL 33558

SUBJECT: VMANAGERPROPERTY LLC  
Ref. Number: L12000015361

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for VMANAGERPROPERTY 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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 713A00000616

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VMANAGEPROPERTY 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:

RAM SWAMINATHAN - MANAGING MEMBER  
Name of Person

VMANAGEPROPERTY LLC  
Firm/Company

19101 WIND DANCER STREET  
Address

LUTZ FL 33558  
City/State and Zip Code

info@VMANAGEPROPERTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAM SWAMINATHAN - MANAGING MEMBER at ( 813 ) 787-2264  
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

WELLSFARGO BANK CHK # 2902

INHS18 (5/08)

HAS BEEN MAILED  
ON 12/31/2012.

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2013 JAN 29 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: VMANAGEPROPERTY LLC
2. (a) Principal office address of limited liability company: 19101 WIND DANCER STREET  
(Note: **MUST BE STREET ADDRESS**) LUTZ FL 33558
- (b) Mailing address of limited liability company: 19101 WIND DANCER STREET  
(Note: **MAY BE POST OFFICE BOX**) LUTZ FL 33558
- FEB 01, 2012 L120000 15361
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: USA-RA LLC
- Registered Office Address: 841 PRUDENTIAL DRIVE  
12TH FLOOR  
JACKSONVILLE FL 32207
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: MANAGING
- NEW** Registered Agent: RAM SWAMINATHAN - MEMBER
- NEW** Registered Office Address: VMANAGEPROPERTY LLC  
(**MUST BE FLORIDA STREET ADDRESS**) 19101 WIND DANCER STREET  
LUTZ ,FL 33558

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

RAM SWAMINATHAN  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity, 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

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JAN 29 AM 10:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE