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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VRSS, LLC
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:

MARI GOMEZ

Name of Person

CLIFFORD R. RHOADES, P.A.

Firm/Company

2141 LAKEVIEW DRIVE

Address

SEBRING, FL 33870

City/State and Zip Code

FRONT@CRRPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARI GOMEZ

Name of Person

at (863)

385-0346

Area Code & Daytime Telephone Number

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

VRSS, LLC

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12 SEP 12 2:13 PM
FBI
SECRET
ALLAHABAD, INDIA

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	GREG MILEWSKI	3958 DAY BRIDGE PLACE ELLENTON, FL 34222	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LENAE BOSHART	11042 BLUE PALM STREET PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 22, 2012



Signature of a member or authorized representative of a member

GREG MILEWSKI

Typed or printed name of signee

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Filing Fee: \$25.00