

#L12000071675

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **V & N PHARMACY 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:

**Herman Singh**

Name of Person

**Herman Singh & Associates Inc**

Firm/Company

**600 Rinehart Rd suite 3118**

Address

**Lake Mary, FL 32746**

City/State and Zip Code

**shagerdy@gmail.com**

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

For further information concerning this matter, please call:

**Herman Singh**

Name of Person

**407 831-1399**

at ( )  
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

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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

TAMPA, FL 33647 ☐ Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 23<sup>rd</sup> 2014

Tapan Vora  
Signature of a member or authorized representative of a member

TAPAN VORA

Typed or printed name of signee

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