

L13000000401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 3 2013

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vincap Management, 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:

William Vincent

Name of Person

Firm/Company

P.O. Box 417

Address

Venice, FL 34284

City/State and Zip Code

wvincent6@gmail.com

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

For further information concerning this matter, please call:

William Vincent

Name of Person

at ( 813 ) 857-6827

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*