

L140000062165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

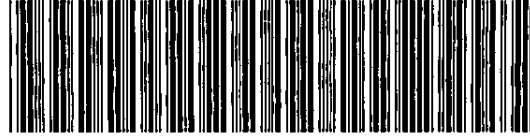
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700272339347

05/01/15--01012--021 **35.00

FILED
15 JUN -1 AM 10:00
FBI - JEFFERSON

JUN 02 2015

C McNAIR

CRM
5-7-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

AMIT JOSHI
VV ASSOCIATES
430 W PALM VALLEY DR
OVIEDO, FL 32765

SUBJECT: VV ASSOCIATES LLC
Ref. Number: L14000062165

FILED
15 JUN -1 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 215A00009582

RECEIVED
15 JUN -1 AM 11:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To,

Cheryl R McNair

Regulatory Specialist II

Florida Department of State

Division of Corporations

05/15/15

RECEIVED
MAY 15 11:00 AM
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Dear Ms McNair,

Please find attached the correct form for Change of Registered Agent for LLC. As noted in your cover letter (copy attached), I had previously sent a check for \$35 as fees toward this service, and this check was cashed.

Yours sincerely,

Amit Joshi

VV Associates,

430 W Palm Valley Dr,

Oviedo, FL 32765

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VV ASSOCIATES 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:

AMIT JOSHI

Name of Person

VV ASSOCIATES

Firm/Company

430 W PALM VALLEY DR

Address

OVIEDO, FL 32765

City/State and Zip Code

amitmadhavjoshi@hotmail.com

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

For further information concerning this matter, please call:

AMIT JOSHI

Name of Person

at (407) 6782872

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: V V ASSOCIATES

2. (a) 430 W PALM VALLEY DR (b) 430 W PALM VALLEY DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

OVIEDO, FL 32765

OVIEDO, FL 32765

3. 04/16/2014 4. L14000062165
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK CT, A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

T

TAMPA, FL 33612

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

430 W PALM VALLEY DR

NEW Registered Office Address:

OV

OVIEDO, FL 32765

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]
Signature of a member or authorized representative of a member

AMIT JOSHI
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 605, 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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00