14000075081

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FILED 2011 MAY 22 A 1: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

'JUN:0-6 "2015' T. LEANEUX

COVER LETTER

TO: Registration Section Division of Corporations

VRR Management, LLC

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SUBJECT: _

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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:

Oscar S. Rodriguez

Name of Person

VRR Management, LLC

Firm/Company

4500 S Le Jeune Rd.

Address

Miami, FL. 33146

City/State and Zip Code

osrlaw@aol.com

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

For further information concerning this matter, please call:

Oscar S. Rodriguez	305 799-9065	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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

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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. N	ame of the limited liability company: VRR Manage	ement,	LL(C
2. (a)	4500 S Le Jeune Rd.	C	h) 4	4500 S Le Jeune Rd
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(.,_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL. 33146		<u>N</u>	Miami, FL. 33146
	05/08/2014		L1	14000075081
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agent and Registered Office shown on the records of Oscar S. Rodriguez Registered Office Address (MUST BE FLORIDA STREET			ept. of State:
	4200 S Le Jeune Rd.		22	ALL 201
	Miami, FI	33146	5	2014 HAY 22 SECRETARY ALLAHASSE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Oscar S. Rodriguez <u>NEW</u> Registered Office Address:	d Office ac	idre	
	4500 S Le Jeune Rd.			
	Miami , FI	33146	6	
the chagent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg iability c of the lir	ister omp nite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	place palege	Os	car	r S. Rodriguez
I her provis the of to me nown	aftere of a member or authorized representative of a member eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office authress. I edin writing of this change.	ree to ac perform ed for in hereby c	t in uanc Cha confi	Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

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