

L14000084747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 OCT 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 2014  
T. HAMPTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: VSpro-BUY 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:

Yudanis Vega Savon  
Name of Person

Clapnet  
Firm/Company

7541 SW 5th St  
Address

Plantation, FL 33317  
City/State and Zip Code

Yudanis@bolmgil.de  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yudanis Vega Savon at (954) 670 4436  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2014

YUDANIS VEGA SAVON  
7541 SW 5TH ST  
PLANTATION, FL 33317

SUBJECT: VSPRO-BUY LLC  
Ref. Number: L14000084747

We have received your document for VSPRO-BUY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 314A00020402

VS PRO - BUY LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
146R	Carlos S Cabrera Gonzalez	7541 SW 5th St	<input type="checkbox"/> Add
		Plantation, FL 33317	<input checked="" type="checkbox"/> Remove
		954 940 2724 / 754 223 4449	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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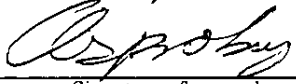
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 October 8, 2014, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member  
Yudelaris Vega Savon  
Typed or printed name of signee

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14 OCT 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA