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J. SINEYORS MAR 0 6 2015

COVER LETTER

Division of	Corporations			
SUBJECT: VGPA	ANEL, LLC			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	σ	
	espondence concerning this	·	_	
PAUL LABINER	R, ESQ.			
	Name of Person		_	
LAW OFFICE (OF PAUL LABINER			
	Firm/Company		_	
5499 NO FEDE	RAL HWY., SUITE H	(
	Address	,	_	
BOCA RATON	, FLORIDA 33487			
	City/State and Zip Code		-	
PAUL@PLABIN	NERESQ.COM			
E-mail address	(to be used for future annu	al report notification)	-	
•				
For further informati	on concerning this matter, p	olease call:		
PAUL LABINER	R, ESQ.	561	998-2362	
Na	me of Person	Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida Enclosed is a check	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

TO:

Registration Section

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is:_VGPANEL, LLC FIRST: The Florida Document number of the limited liability company is: L14000134356 **SECOND:** THIRD: Document to be corrected is: ANNUAL REPORT (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE ANNUAL REPORT INCORRECTLY DENOTED MICHAEL GLUCK AS A MEMBER. THE MEMBERS OF VGPANEL, LLC SHOULD READ: ARTJAN FAMILY LIMITED PARTNERSHIP, 3720 32ND TERRACE, HOLLYWOOD, FL and RICHARD BIRT, 2971 SUASALITO, LAGUNA HILLS, CA 92653 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 2/10/15 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)