

L15000 174501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

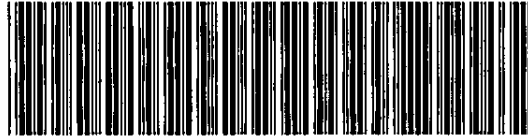
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JAN 05 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VI-LAR, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIRANDA SIMPSON YANCEY

Name of Person

LAW OFFICE OF J. MARK FISHER, P.A.

Firm/Company

181 EGLIN PKWY NE

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

MIRANDA@JMARKFISHER.COM

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

For further information concerning this matter, please call:

MIRANDA

Name of Person

850

Area Code

244-8989

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

L provided previously.

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2015

MIRANDA SIMPSON YANCEY
LAW OFFICE OF J. MARK FISHER, P.A.
181 EGLIN PKWY NE
FORT WALTON BEACH, FL 32548

SUBJECT: VI-LAR, LLC
Ref. Number: L15000174501

FILED
2015 DEC 28 AM 10:55
OFFICE OF STATE
TALLAHASSEE, FLORIDA

We have received your document for VI-LAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00025586

RECEIVED
2015 DEC 28 PM 4:09
OFFICE OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC -2 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 18, 2015

MIRANDA SIMPSON YANCEY
LAW OFFICE OF J. MARK FISHER
181 EGLIN PKWY NE
FORT WALTON BEACH, FL 32548

SUBJECT: VI-LAR, LLC
Ref. Number: L15000174501

We have received your document for VI-LAR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

To change the effective date, you must send in the Statement of Correction form, not the amendment form.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 315A00024368

2015 DEC 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

FIRST: The name of the limited liability company is: VI-LAR, LLC

SECOND: The Florida Document number of the limited liability company is: L15000174501

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE V: Effective date was erroneously left blank.

Effective date should be January 1, 2016.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

X Shirley J. Roessler
Signature of Authorized Representative

12/17/15
Date

FILED
2015 DEC 23 AM 10:55
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.

J. Mark Smith
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)