

L16000081035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

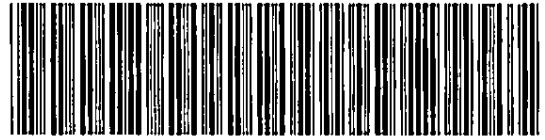
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2017 AUG 21 PM 1:36  
STATE OF MISSISSIPPI

AUG 23 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VGI Servicing 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:

Jose Aybar  
Name of Person

VGI Servicing LLC  
Firm/Company

10833 NW 7st Apt 12  
Address

Miami FL 33172  
City/State and Zip Code

VGISERVICING@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Aybar at (786) 979-1160  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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



AIT Jenna

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2017

JOSE AYBAR  
10833 NW 7 ST APT 12  
MIAMI, FL 33172

SUBJECT: V G I SERVINGS LLC  
Ref. Number: L16000081035

2017 AUG 21 PM 1:36  
FILED  
TALLAHASSEE, FLORIDA

We have received your document for V G I SERVINGS 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):

PAGE 2 AND 3 IS MISSING.

Section 605.0203(1), 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: 317A00016478

2017 AUG 21 AM 8:24  
TALLAHASSEE, FLORIDA



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Jose Aybar	10833 NW 7st apt 12	<input checked="" type="checkbox"/> Add
		Miami FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fabiola Aybar	10833 NW 7st apt 12	<input checked="" type="checkbox"/> Add
		Miami FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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