

L17000063089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

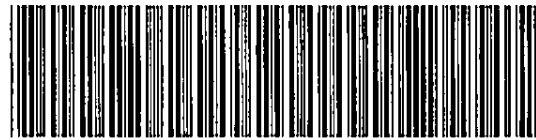
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400304905994

400304905994
10/31/17--01021--003 **25.00

2017 OCT 31 PM 1:27

NOV 02 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VDM CONCEPTS LLC
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:

ANDRE VAN DER MERWE

Name of Person

VDM CONCEPTS LLC

Firm/Company

342 SOUTHWIND DRIVE UNIT 207

Address

NORTH PALM BEACH, FL, 33408

City/State and Zip Code

avdm46@gmail.com

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

For further information concerning this matter, please call:

ANDRE VAN DER MERWE at (941) 9143340
Name of Person Area Code & 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

☐ \$55 Filing Fee & Certified Copy

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.

INHS18 (2/14)

2017 OCT 31 PM 1:27