2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003163

Entity Name: VCORP SERVICES, LLC

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

595 S FEDERAL HWY, STE 600 20 ROBERT PITT DRIVE, SUITE 214

BOCA RATON, FL 33432 MONSEY, NY 10952

Current Mailing Address: New Mailing Address:

595 S FEDERAL HWY, STE 600 20 ROBERT PITT DRIVE, SUITE 214

BOCA RATON, FL 33432 MONSEY, NY 10952

FEI Number: 26-2698541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULLER, ISAAC
595 S FEDERAL HWY, STE 600
BOCA RATON, FL 33432 US
HOCHMAN, REBECCA
7630 LAGO DEL MAR DRIVE
SUITE 10

BOCA RATON, FL 33432 US SUITE 10
BOCA RATON, FL 33433 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: REBECCA HOCHMAN 02/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

Name: MULLER, ISAAC Name:
Address: 20 ROBERT PITT DRIVE, STE 214 Address:

Address: 20 ROBERT PITT DRIVE, STE 214 Address:
City-St-Zip: MONSEY, NY 10952 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 STERN, SHAI
 Name:

 Address:
 20 ROBERT PITT DRIVE, STE 214
 Address:

 City-St-Zip:
 MONSEY, NY 10952
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FARBMAN, SETH
 Name:

 Address:
 20 ROBERT PITT DRIVE, STE 214
 Address:

 City-St-Zip:
 MONSEY, NY 10952
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISAAC MULLER MGRM 02/12/2009