# 1119000011038

(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:
The Name of the Company listed in Consent letter is Not Correct. It should be
"VC Management Florida, LLC" we do not have a "VC Partners
Florida, LLC" on the Data Base.

Office Use Only



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K. SALY NOV 1 8 ZU19

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/15/19

NAME: VC MANAGEMENT FLORIDA LLC

TYPE OF FILING: APPLICATION

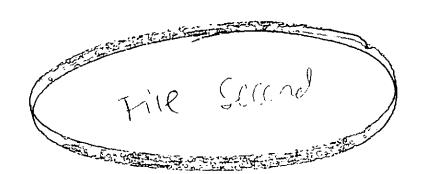
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### STEVEN L. HAYES, PA

steve@hayesadvisoryservices.com

Mailing

Office Address: Address: 2600 East Bay Drive Suite 230 Largo, FL 33771 33758

P.O Box 4929 Clearwater, FL

Tel: 727-238-5754 Fax: 727-478-3143

Florida Secretary of State P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Accompanying this letter is an application to dissolve VC Partners Florida, LLC. We do not intend to open the LLC again and wish to relinquish the name.

At the same time we are filing the notice of dissolution, we are asking to qualify VC Partners Florida LLC, a Delaware LLC, in Florida using the name VC Partners Florida LLC.

If you have any questions please contact me.

Sincerely,

B

Steven L. Hayes, For the Firm

FILLED

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SECRETARIES SERVICES FLORIDA

#### **COVER LETTER**

TO:

ce, and cl			imited Liability	Company			
ce, and cl		itad Liability Compa	Name of Limited Liability Company				
eturn all				ation to Transact Business in Florida," ited liability company to transact busin			
	correspondence concerning	g this matter to the fo	ollowing:				
	Steven L. Hayes						
		Nar	ne of Person				
	Steven L. Hayes, PA						
		Fir	m/Company				
	P.O. Box 4929						
			Address				
	Clearwater, Florida 3375	58					
		City/Sta	ite and Zip Code	e			
	steve@hayesadvisoryservi	ces.com					
•	E-mail a	address: (to be used	for future annua	al report notification)			
her infon	mation concerning this mat	tter, please call:					
Steven	Hayes		727	238-5754			
	Name of Contact	Person	at (	Daytime Telephone Number			
Division Registra	NG ADDRESS:  n of Corporations ation Section			STREET ADDRESS: Division of Corporations Registration Section			
P.O. Bo Tallaha	x 6327 ssee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VC Management Florid	ia LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Compan	y," "L.L.C.," or "LLC.")	••	
f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The alternate nam	e must include "Limited Liability Co	ompany," "L.L.C." or "LLC	
Delaware		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FEI number, if ap	oplicable)	
October 1, 2019					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)		_	
412 Cleveland Street		c/o Stev	en Hayes		
(Street Address of I	Principal (Hice)	6. (Mailing Address)			
Clearwater, Florida 33	755	P.O. Bo	x 4929		
		Clearwa	nter, Florida 33758	,	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)	SEURED SEURED	
Name:	Steven L. Hayes			SSEED OF	
Office Address:	2600 East Bay, Suite 230			AH 12: 10	
	Largo		33771 Florida	. *	
	(City)		(Zip code)	-	

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: \_\_\_\_ Moises Agami Manager Manager Name: \_\_\_\_ 412 Cleveland Street Member Member Address: Clearwater, FL 33755 Authorized Authorized Person Person Other\_ Other Other Name: \_\_\_\_\_ Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other Manager Name: Manager Manager Name: \_\_\_\_\_ Member Address: Member Address: \_\_\_\_ Authorized Authorized Person Person Other\_\_\_ Other Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Steven L. Haves

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VC MANAGEMENT FLORIDA LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VC MANAGEMENT FLORIDA LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SEGRETALY OF STATE TALLAHASSEE, FLORIDA



Authentication: 204001262

Date: 11-14-19

5108776 8300 SR# 20198073752