

L06000082042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

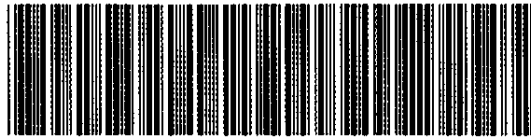
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Oct. 14, 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Above the Rest Vacations LLC
Name of Corporation

DOCUMENT NUMBER: LO6000082042

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regina Salgado
Name of Contact Person

Firm/Company

2310 Majestic Eagle Ct.
Address

Clermont FL 34714
City/State and Zip Code

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

For further information concerning this matter, please call:

Regina Salgado at (407) 716 3236
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

REGINA SALGADO
ABOVE THE REST VACATIONS, LLC
2310 MAJESTIC EAGLE CIR.
CLERMONT, FL 34714

SUBJECT: ABOVE THE REST VACATIONS, LLC
Ref. Number: L06000082042

We have received your document for ABOVE THE REST VACATIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00031703

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Above the Rest Vacations
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:

Regina Salgado
Name of Person

Above the Rest Vacations
Firm/Company

2310 Majestic Eagle Cr.
Address

Clermont, FL 34714
City/State and Zip Code

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

For further information concerning this matter, please call:

Regina Salgado at (407) 716 3236
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: ADORE THE REST VACATIONS LLC

2. (a) Principal office address of limited liability company: 2310 majestic Eagle Cr.
☐ Clermont FL 34714
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
☐
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 8/18/2006 4. Document number LO6000082042

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT CORPORATION

Registered Office Address:

1200 S Pine Island Rd.
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Regina Salgado

NEW Registered Office Address:

2310 majestic Eagle Cr.

(MUST BE FLORIDA STREET ADDRESS)

Clermont, FL 34714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Regina Salgado
Signature of a member or authorized representative of a member

Regina Salgado
Printed or typed name of signee

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 608, 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.

Regina Salgado
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
OCT 13 AM 9:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE