

LD6000103049

(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



100217652261

01/11/12--01010--005 **25.00

FILED

12 JAN 11 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 12 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY PARTNERS 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:

TOOD LIPSICH
Name of Person
LUXURY PARTNERS LLC
Firm/Company
16950 306 ROAD SUITE 102
Address
DELRAY BEACH, FL 33446
City/State and Zip Code
TLIPSICH@AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
12 JAN 11 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TOOD LIPSICH at (561) 819-5600
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

LUXURY PARTNERS LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD SCHILDHORN	16950 306 ROAD, SUITE 102 DELRAY BEACH, FL 33446	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

FILED
12 JAN 11 AM 11:21
SECRETARY OF STATE
ALABAMA

Dated JANUARY 6, 2012

Todd Lipsich

Signature of a member or authorized representative of a member

TODD LIPSICH

Typed or printed name of signee