

L07000123501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

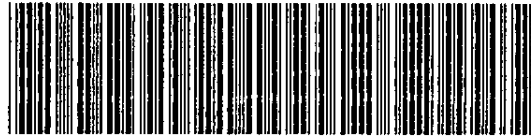
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAR 18 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Celebrity Resorts Association Management Services, 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:

Anna M. DiRocco

Name of Person

Legacy Vacation Club

Firm/Company

P. O. Box 690999

Address

Orlando, Florida 32869-0999

City/State and Zip Code

anna.dirocco@lvcresorts.com

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

For further information concerning this matter, please call:

Anna M. DiRocco

Name of Person

at ( 407 )

997-5774

Area Code & Daytime Telephone Number

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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



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	Legacy Hospitality Holdings, LLC	P. O. Box 690999 Orlando, Florida 32869-0999	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Celebrity Resorts Holding Company, LLC	4700 Millenia Blvd., - Suite 600 Orlando, Florida 32839	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 11, 2011

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 STATE ART OF STATE  
 TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jared M. Meyers  
\_\_\_\_\_  
Typed or printed name of signee