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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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JUL 16 2013
T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **KEY WEST VACATION PROPERTIES & REALTY, 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:

Jaime M. Caballero

Name of Person

Key West Vacation Properties

Firm/Company

130 Simonton Street

Address

Key West, Florida 33040

City/State and Zip Code

jaime@kwvpr.com

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

For further information concerning this matter, please call:

Jaime Caballero

Name of Person

at (**305**) **296-6667**

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

KEY WEST VACATION PROPERTIES & REALTY, LLC

Page 1 of 3

If attending 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/10, 13

Jaime Caballero

Signature of a member or authorized representative of a member

JAIME CABALLERO

Typed or printed name of signee

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Filing Fee: \$25.00

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