

L11000012651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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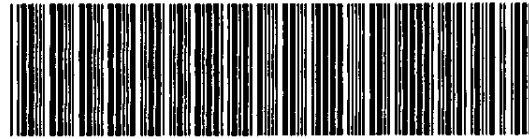
(Business Entity Name)

(Document Number)

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2011 DEC -9 PM12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 12 2011

EXAMINER



**LEGACY**  
VACATION CLUB

PO Box 690999  
Orlando, FL 32869-0999

Phone: 407-997-3000

December 6, 2011

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

RE: LVC Travel Members, LLC

**FILED**  
2011 DEC -9 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sir or Madam:

Enclosed please find the cover sheet and the "**Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company**", together with check no.26634 in the amount of \$25.00 representing the filing fee.

Please e-mail me with filing confirmation at [Suzanne.hickey@legacyvacationclub.com](mailto:Suzanne.hickey@legacyvacationclub.com). If you have any questions please call me at 407-997-2255.

Thank you for your assistance in this matter.

Sincerely,

Suzanne Hickey, Assistant to:  
Marty A. Stone, Esq.  
Senior Vice President  
and General Counsel

MAS/smh  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LVC Travel Members, LLC  
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:

Suzanne Hickey

Name of Person

Legacy Vacation Club, LLC

Firm/Company

8451 Palm Parkway

Address

Lake Buena Vista, FL 32835

City/State and Zip Code

suzanne.hickey@legacyvacationclub.com

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

For further information concerning this matter, please call:

Anthony J. Picciano

Name of Person

at ( 407 )

997-3000

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LVC Travel Members, LLC

2. (a) Principal office address of limited liability company: 8451 Palm Parkway

**(Note: MUST BE STREET ADDRESS)**

Lake Buena Vista, FL 32836

(b) Mailing address of limited liability company: P.O. Box 690999

**(Note: MAY BE POST OFFICE BOX)**

Orlando, FL 32869

01/31/11

3. Date of filing/registration in Florida

L11000012651

4. Document number

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

Registered Agent:

Marty A. Stone, Esq.

Registered Office Address:

8451 Palm Parkway

Lake Buena Vista, FL 32836

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

**NEW** Registered Agent:

Anthony J. Picciano

**NEW** Registered Office Address:

8451 Palm Parkway

**(MUST BE FLORIDA STREET ADDRESS)**

Lake Buena Vista, FL 32836

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.

Signature of a member or authorized representative of a member

Jared M. Meyers

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.*

Signature of Registered Agent

PRESIDENT

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

FILING FEE: \$25.00