

L11000058612

(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



000208877740

06/17/11--01009--016 **30.00

FILED

11 JUN 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travel For Less Vacation Club 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:

John Brucellaria

Name of Person

Travel For Less Vacation Club LLC.

Firm/Company

407 Flagler Avenue

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

jonnibellenick@mac.com

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

For further information concerning this matter, please call:

Angella Brucellaria

Name of Person

at (386)

402-4074

Area Code & Daytime Telephone Number

FILED
11 JUN 17 AM 9:58
STATE
TALLAHASSEE, FLORIDA

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

Travel For Less Vacation Club 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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

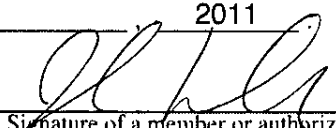
_____	_____	_____	☐ Add
		_____	☐ Remove

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

FILED
 11 JUN 17 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated June 13

2011


Signature of a member or authorized representative of a member

John Brucellaria

Typed or printed name of signee