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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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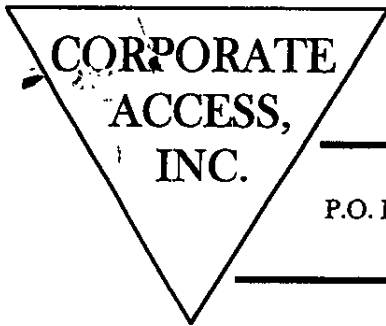
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## WALK IN

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LLC Amend

1. Resort Advisors LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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

**Resort Advisors, 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          | William L. Kohn | 3838 Tamiami Trail North #414<br>Naples, FL 34103 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                                   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated October 26, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Kevin A. Denti, Esquire  
\_\_\_\_\_  
Typed or printed name of signee

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