

L12000078964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

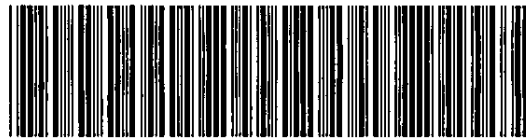
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWALLOW VACATION HOMES, 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:

ANNELIZE BONGERS

Name of Person

SWALLOW VACATION HOMES, LLC

Firm/Company

1101 MIRANDA LANE

Address

KISSIMMEE, FL 34741

City/State and Zip Code

enquiries@swallowvacationhomes.com

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

For further information concerning this matter, please call:

ANNELIZE BONGERS

Name of Person

at (321)

Area Code

210 8345

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

SWALLOW VACATION HOMES, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRE BONGERS	14707 CHADDERTON CRT	☐ Add
		ORLANDO	☒ Remove
		FL 32824	
			☐ Add
			☐ Remove
			☐ Add
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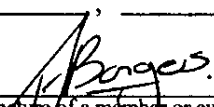
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/16/2014



Signature of a member or authorized representative of a member

ANNELIZE BONGERS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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