

L12000078964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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Amend

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15 NOV -5 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -6 2015

N. CAUSSEAU

Swallow Vacation Homes LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Joanne Doolan	N56W6765 Center St	<input type="checkbox"/> Add
		Cedarburg	<input checked="" type="checkbox"/> Remove
		WI 53012	<input type="checkbox"/> Change
MBR	Timothy Doolan	1101 Miranda Lane	<input type="checkbox"/> Add
		Kissimmee	<input checked="" type="checkbox"/> Remove
		FL 34741	<input type="checkbox"/> Change
AMBR	Daniella Ferreira	1101 Miranda Lane	<input checked="" type="checkbox"/> Add
		Kissimmee	<input type="checkbox"/> Remove
		FL 34741	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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5 NOV -5 AM 11:22
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15 NOV -5 PM 1:22
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TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated _____, _____.

Typed or printed name of signee