

L12000084270

(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:

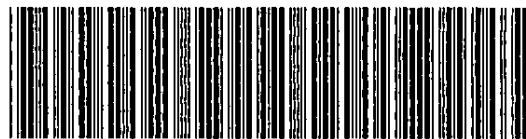
A

Office Use Only

B. KOHR

JUL 12 2012

EXAMINER



200237193452

07/11/12--01007--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 11 PM 3:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Vacations 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:

Scarlett L Toner

Name of Person

Just Vacations LLC

Firm/Company

541 N. Palmetto Ave. Ste. 103

Address

Sanford, FL 32771

City/State and Zip Code

scarlett_toner@yahoo.com

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

For further information concerning this matter, please call:

Scarlett L Toner

Name of Person

at (407) 936-5311

Area Code & 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

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DIVISION OF CORPORATION
12 JUL 11 PM 3:31

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

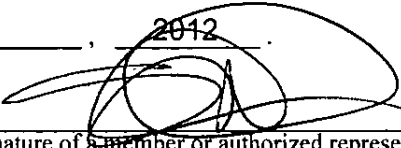
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James P Toner	541 N. Palmetto Ave. Suite 103 Sanford, FL 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 2nd, 2012



Signature of a member or authorized representative of a member
Scarlett L Toner

Typed or printed name of signee