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OCT 01 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surrey Vacation Resorts of Florida, 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:

David R. Cope

Name of Person

Surrey Vacation Resorts, Inc.

Firm/Company

430C State Hwy 165 South

Address

Branson, MO 65616

City/State and Zip Code

drcope@GCRVacations.com

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

For further information concerning this matter, please call:

Gloria M. Gingery

Name of Person

at 417 332-8264

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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Surrey Vacation Resorts of Florida, 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	Domenic C. Spirito	3521 Mt. Vernon Way	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF CIRCUIT COURT
JANE H. SPIRITO

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 September 23, 2014

Melinda Goodwin, Treas.

Signature of a member or authorized representative of a member

Melinda M. Goodwin, Treasurer and CFO of Surrey Vacation Resorts, Inc., Managing Member of Surrey Vacation Resorts of Florida, LLC.

Typed or printed name of signee

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Filing Fee: \$25.00

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