

440000 50092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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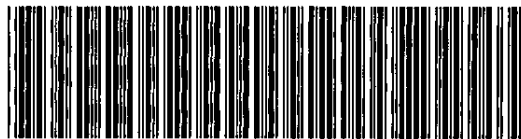
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015
T. J. MEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Getaways LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chayla Archambault

Name of Person

Tropical Getaways LLC

Firm/Company

6965 Piazza Grande Ave #206

Address

Orlando FL 32835

City/State and Zip Code

dantechayla@yahoo.com

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

For further information concerning this matter, please call:

Chayla Archambault

at (407)

450-0132

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy