L17000227577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC 11 AM 9:39

17 DEC 11 AM 11:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE 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:

GUNTHER SCHMIDT
Name of Person

Firm/Company

5341 COBALT CT.
Address

CAPE CORAL FL 33904
City/State and Zip Code

INFO@SUNSHINE-VACATIONS.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUNTHER SCHMIDT, R.A. at (239) 214 4789
Name of Person 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

or removed from our records.

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	KAERCHER, PETRA	3829 SW 14TH AVE.	☐ Add
		CAPE CORAL FL 33914	☑ Remove
			☐ Change
AMBR	FISCHER, SANDRA	JAGSTSTR. 3	☑ Add
		71083 HERRENBERG	☐ Remove
		GERMANY	☐ Change
AMBR	FISCHER, MARKUS	JAGSTSTR. 3	☐ Add
		71083 HERRENBERG	☐ Remove
		GERMANY	☑ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change