

47000227577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

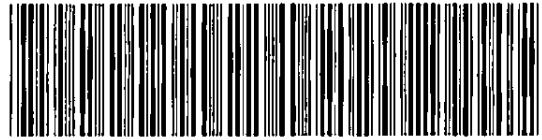
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing _____

CM

Office Use Only



800426036728

03/18/24--01025--022 **55.00

ML

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:

MARKUS FISCHER

Name of Person

SUNSHINE VACATIONS LLC

Firm/Company

HEILIGENWIESENSTR. 6

Address

CALW, 75365, GERMANY

City/State and Zip Code

markusfischer173@gmail.com

Enclosed (to be used for future annual report notification)

For further information concerning this matter, please call:

MARKUS FISCHER

at (239) 7383323

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	SANDRA FISCHER	JAGSTSTR. 3	<input type="checkbox"/> Add
		HERRENBERG, 71083, GERMANY	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARKUS FISCHER	HEILIGENWIESENSTR. 6	<input type="checkbox"/> Add
		CALW, 75365, GERMANY	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

01/18/18
147

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

REMOVE MGR SANDRA FISCHER

CHANGE AMBR MARKUS FISCHER TO MGR

CHANGE ADDRESS FROM MARKUS FISCHER TO ABOVE MENTIONED ADDRESS

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03-03-2024

Signature of a member or authorized representative of a member

MARKUS FISCHER

Typed or printed name of signer

Filing Fee: \$25.00