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COVER LETTER

TO: Registration Section
Division of Corporations

Luxury Real Estate Partners LLC

SUBJECT: _____
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:

Tracy McKinney

Name of Person

Luxury Real Estate Partners

Firm/Company

2601 E Oakland Park Blvd. Suite 601

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

tracy@luxuryrealestatepartners.com

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

For further information concerning this matter, please call:

Tracy McKinney 561 344-8164

Name of Person at () _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

ANNALS OF THE
ENTOMOLOGICAL SOCIETY OF AMERICA
[Vol. 51, No. 1, February 1960]

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Dated _____, _____.

Signature of a member of the

Signature of a member or authorized representative of a member

TRACY MCKINNEY

Typed or printed name of signee