## m/0000003382

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(Ac	idress)			
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B. BOSTICK
NOV - 6 2012
EXAMINER

## COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	7470 HIGHWAY 530 I	LLC		
	Name of Foreign I	Limited Liability Compa	any	
Dear Sir or Madam				
	avit by Foreign Limited s) and fee(s) are subm	d Liability Company to itted for filing.	Change Manager(s) or	
Please return all cor	respondence concernir	ng this matter to the follo	owing:	
CARLOS A.	FLORES	·		
	Name of Person			
7470 HIGH	WAY 530 LLC		·	· eng
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	A	g 🐔 🗀
7470 IRLO	BRONSON MEMORIAL	HIGHWAY 192	AHA	2 NOV -5
	Address		SS	ီ ငံ
KISSIMMEE	, FLORIDA, 34747			} <b>2</b>
<del></del>	City/State and Zip Cod	e	(B)	် ကြောင်း
floresc	ostarhotels.com			26
		annual report notificati	 on)	
•			,	
For further informat	ion concerning this ma	atter, please call:		
CARLOS A.				
Name of	Person	Area Code and Daytime	e Telephone Number	
	URIER ADDRESS:	MAILING A		
Registration S Division of C		Registration Se Division of Co		
Clifton Buildi		P.O. Box 6327	•	
	ve Center Circle	Tallahassee, Fl		
_Enclosed is a check	for the following am	ount:	•	
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compar Department of State is: 7470 HIGHWA	ny as it appears on the records of the Florida AY 530 LLC		
2. This entity was formed under the laws or			
3. This entity was authorized to transact bu and its Florida document/registration number	siness in Florida on September 16, 2010 er is M10000003382		
4. The name and address of each manager of	or managing member is as follows:		
Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member		2	
_MANAGER	CARLOS A. FLORES 7470 IRLO BRONSON MEMORIAL HIGHWAY 192, KISSIMMEE, FLORIDA, 34747		
_MANAGER	EDWIN CARRION Aus Carrion HIGHWAY 192, KISSIMMEE, FLORIDA, 34747	<u> </u>	
	ALLAHASSEE. FLOR	12 NOV -5 PM 5:	FILED
Required Signature: Signature of Manager,	Managing Member or Member	26	

Filing Fee: \$25