

Jul. 19. 2012

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

scs@swbnaples.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEACH RESORT MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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L. SELLERS

RECEIVED  
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TALLAHASSEE, FLORIDA

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12 JUL 19 PM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beach Resort Management, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leo J. Salvatori

Name of Person

Salvatori, Wood & Buckel

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

scs@swbnaples.com

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

For further information concerning this matter, please call:

Leo J. Salvatori

Name of Person

at ( 239 )

552-4100

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

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee  
Certificate of Status  
Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 19 PM 8:42

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Beach Resort Management, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 12, 2012

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Addition of Independent Director: Steven P. Zimmer, 1209 Orange  
Street, Wilmington, DE 19801

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**  
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