

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90078 049 ****50.00

DOCUMENT # L00000000017

1. Entity Name
INTERVAL SERVICING CO., L.L.C.



Principal Place of Business
**3363 WEST COMMERCIAL BLVD., SUITE 202
FT. LAUDERDALE, FL 33309**

Mailing Address
**% JENNIFER C. FINCH
426 NW 25TH ST.
GAINESVILLE, FL 32607**

24061102



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, DAVID F
3363 WEST COMMERCIAL BLVD., SUITE 202
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WRIGHT, DAVID F
STREET ADDRESS	3363 WEST COMMERCIAL BLVD., SUITE 202
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David F Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 13, 04 954-485-1751

Date

Daytime Phone #