LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000017

1. Entity Name

INTERVAL SERVICING CO., L.L.C.

FILED
03 MAR 12 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3363 W. COMMERCIAL BLVD.	504 TURKEY CREEK
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.:
City & State: FT. LAUDERDALE, FL	City & State: ALACHUA, FL
Zip: 33309 Country: USA	Zip: 32615 Country: USA

4. FEI Number 650972777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID F. WRIGHT

Street Address (P.O. Box Number is Not Acceptable): 3363 W. COMMERCIAL BLVD., STE. 202

City: FT. LAUDERDALE **FL** Zip Code: 33309

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: David F. Wright — DAVID F. WRIGHT — 01/29/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR, DAVID F. WRIGHT 3363 W. COMMERCIAL BLVD., STE. 202 FT. LAUDERDALE, FL 33309
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CR2E083B (12/02)

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 — DAVID F. WRIGHT, MGR — 1/29/03 — 800-440-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #