

0325171464

DOCUMENT # L02000011464

1. Entity Name
VONNIE KAY VACATIONS, LLC.



Principal Place of Business
12040 FAMBRIDGE ROAD
ORLANDO FL 32837

Mailing Address
12040 FAMBRIDGE ROAD
ORLANDO FL 32837

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1623 FIDDLEWOOD CT.
Suite, Apt. #, etc.

3. Mailing Address
1623 FIDDLEWOOD CT.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CASSELBERRY, FL

City & State
CASSELBERRY, FL

Zip
32707

Country
USA

Zip
32707

Country
USA

4. FEI Number
02-0596989

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TERRY, THOMAS F III
12040 FAMBRIDGE ROAD
ORLANDO FL 32837

7. Name and Address of New Registered Agent
Name
THOMAS F. TERRY III
Street Address (P.O. Box Number is Not Acceptable)
1623 FIDDLEWOOD CT.
City
CASSELBERRY FL Zip Code
32707

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 Thomas F. Terry III DATE 10/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERRY, YVONNE K 12040 FAMBRIDGE ROAD ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERRY, THOMAS F 12040 FAMBRIDGE ROAD ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YVONNE K. TERRY 1623 FIDDLEWOOD CT. CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS F. TERRY III 1623 FIDDLEWOOD CT. CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700023995367 10/21/03--01185--017 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas F. Terry III DATE 10/14/03 321-267-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)