

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035616

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC4470513202**

**Entity Name:** VACANT SPRING, LLC

**Current Principal Place of Business:**

1000 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 611510  
MIAMI, FL 33261-1510 US

**FEI Number:** 20-0272987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIRULNIK, ALEX DESQ  
1000 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name GROSSKOPF, MANUEL  
Address 1000 E HALLANDALE BEACH BLVD  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name FISCHER, WALTER  
Address 1000 E HALLANDALE BEACH BLVD  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name SOTOLONGO, DAISY M  
Address 1000 E HALLANDALE BEACH BLVD  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GROSSKOPF, MANUEL

MGR

04/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date