

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058105

Entity Name: BBC FLORIDA FAMILY VACATIONS, LLC**Current Principal Place of Business:**6472 EVERINGHAM LN
SANFORD, FL 32771**Current Mailing Address:**6472 EVERINGHAM LN
SANFORD, FL 32771**FEI Number:** 20-2996372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVES, GARY P
6472 EVERINGHAM LN
SANFORD, FL 32771 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	EVES, GARY
Address	6472 EVERINGHAM LN
City-State-Zip:	SANFORD FL 32771

Title	MGR
Name	EVES, LAURIE
Address	6472 EVERINGHAM LN
City-State-Zip:	SANFORD FL 32771

Title	MGR
Name	EVES, DALE
Address	824 W. CHARING CROSS CIRCLE
City-State-Zip:	LAKE MARY FL 32746

Title	MGR
Name	EVES, JOANNE
Address	824 W. CHARING CROSS CIRCLE
City-State-Zip:	LAKE MARY FL 32746

Title	MGR
Name	GAMBINO, ELLEN
Address	1206 OLD ALBANY POST ROAD
City-State-Zip:	GARRISON NY 10524

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: GARY P EVES**MANAGER****01/07/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date