

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000006266

**Entity Name:** VILLA HOLIDAYS LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DR. STE 1504  
MIAMI, FL 33131

**Current Mailing Address:**

1001 BRICKELL BAY DR. STE 1504  
C/O MARCELL FELIPE  
MIAMI, FL 33131 US

**FEI Number:** 98-0519576

**Certificate of Status Desired:** No

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

MARCELL FELIPE  
1001 BRICKELL BAY DR. STE 1504  
MIAMI, FL 33131 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 MGRM  
Name VILLA HOLIDAYS LTD  
Address 16 WOODBOURNE SQ  
City-State-Zip: DOUGLAS, ISLE OF MAN -- IM1 4-DB

*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:** VILLA HOLIDAYS LTD

MGRM

04/28/2017

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

\_\_\_\_\_ Date