

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007442

Entity Name: VACATION MANAGEMENT, LLC

Current Principal Place of Business:

4471 NW 36TH ST
SUITE 208
MIAMI SPRINGS, FL 33166

Current Mailing Address:

669 NE 191 TERRACE
MIAMI, FL 33179 US

FEI Number: 26-1806685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FURMANSKI, ARIEL
669 NE 191 TERR
MIAMI, FL 33179 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 | Title | MGR |
| Name | CANTOR, FABIANA M | Name | FURMANSKI, ARIEL E |
| Address | 669 NE 191 TER | Address | 669 NE 191 TER |
| City-State-Zip: | MIAMI FL 33179 | City-State-Zip: | MIAMI FL 33179 |
| | | | |
| Title | MGRM | | |
| Name | THE ARIEL E. FURMANSKI REVOCABLE LIVING TRUST | | |
| Address | 669 NE 191 TERRACE | | |
| City-State-Zip: | MIAMI FL 33179 | | |

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: ARIEL FURMANSKI

MGR

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date