

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007442

**FILED**  
**Feb 09, 2023**  
**Secretary of State**  
**6830451359CC**

**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**

**02/09/2023**

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

\_\_\_\_\_  
Date