TALLAHASSEE	FL 32312			
Current Mail	ing Address:			
	RMAN RD SUITE 105-428 EE, FL 32312 US			
FEI Number: 26-3267216		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
	P INTERNATIONAL MANAGEMENT, LLC			
TALLAHASSEE	IAN RD SUITE D208 FL 32312 US			
TALLAHASSEE		ered office or regist	ered agent, or both, in the State of Flo	prida.
TALLAHASSEE	FL 32312 US	ered office or regist	ered agent, or both, in the State of Flo	orida. 04/15/2019
TALLAHASSEE	FL 32312 US entity submits this statement for the purpose of changing its regist	ered office or regist	ered agent, or both, in the State of Flo	
TALLAHASSEE The above named SIGNATURE	FL 32312 US entity submits this statement for the purpose of changing its regist CLAUDE R. WALKER	ered office or regist	ered agent, or both, in the State of Flo	04/15/2019
TALLAHASSEE The above named SIGNATURE	FL 32312 US entity submits this statement for the purpose of changing its regist : CLAUDE R. WALKER Electronic Signature of Registered Agent	ered office or regist	ered agent, or both, in the State of Flo	04/15/2019
TALLAHASSEE The above named SIGNATURE Authorized I	FL 32312 US entity submits this statement for the purpose of changing its regist CLAUDE R. WALKER Electronic Signature of Registered Agent Person(s) Detail :			04/15/2019
TALLAHASSEE The above named SIGNATURE Authorized I Title	FL 32312 US entity submits this statement for the purpose of changing its regist : CLAUDE R. WALKER Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/15/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L08000082622

Entity Name: GREEN COAST VILLAS RESERVATION SERVICES, L.L.C.

Current Principal Place of Business:

3427 BANNERMAN RD SUITE D208 - -

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: CLAUDE WALKER

MANAGER

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 15, 2019 Secretary of State 9740531935CC