

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000087377

Entity Name: VACATION2FLORIDA LLC

Current Principal Place of Business:

1515 COROLLA CT
KISSIMMEE, FL 34747

Current Mailing Address:

PO BOX 28
LOUGHMAN, FL 33858 US

FEI Number: 27-0835268

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTALVO, TARA M
1515 COROLLA CT
KISSIMMEE, FL 34747 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 MONTALVO, TARA M
Address 1515 COROLLA CT
City-State-Zip: KISSIMMEE FL 34747

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARA MONTALVO

MGRM

01/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date