

**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