## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042086

**Entity Name: NEWPORT VACATIONS LLC** 

**Current Principal Place of Business:** 

16701 COLLINS AVENUE SUNNY ISLES. FL 33160

**Current Mailing Address:** 

3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD, FL 33021

FEI Number: 27-2393014 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZEMEL, FRANKLIN L C/O ARNSTEIN & LEHR LLP 200 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 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

FILED Apr 16, 2015

**Secretary of State** 

CC3068995436

## Authorized Person(s) Detail:

Title MGR

Name NEWPORT VACATIONS MANAGER,

HC

Address 3850 HOLLYWOOD BLVD., SUITE 400

City-State-Zip: HOLLYWOOD FL 33021

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ROBERT M. CORNFELD

MANAGER

04/16/2015

Date