

**2024 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:**

16701 COLLINS AVENUE  
SUNNY ISLES, FL 33160 US

**FEI Number:** 27-2393014

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STONE, ADELE I ESQ.  
C/O BUCHANAN INGERSOLL & ROONEY PC  
401 EAST LAS OLAS BLVD. SUITE 2250  
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:** ADELE STONE

02/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HB MANAGER LLC  
Address 16701 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES FL 33160

*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:** HOWARD GNATT

**AUTHORIZED SIGNER**

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date