2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT
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### 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

# 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

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

TitleMGRNameHB MANAGER, LLCAddress16701 COLLINS AVENUECity-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 T. GNATT

CONTROLLER

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 17, 2019 Secretary of State 1789237075CC

Certificate of Status Desired: No

04/17/2019 Date

Date