## 2020 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 01/17/2020

Electronic Signature of Registered Agent

Date

FILED Jan 17, 2020

**Secretary of State** 

8734719694CC

## 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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: HOWARD T. GNATT

CONTROLLER

01/17/2020