

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095860

**Entity Name:** UNIT 108/110 INTERVAL II - KILLINGTON, LLC

**Current Principal Place of Business:**

15747 VILLORESI WAY  
NAPLES, FL 34110

**Current Mailing Address:**

15747 VILLORESI WAY  
NAPLES, FL 34110

**FEI Number:** 40-0643514

**Certificate of Status Desired:** No

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

CORSONES, DEAN  
2180 IMMOKALEE ROAD  
SUITE #212  
NAPLES, FL 34110 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	Title	MGRM
Name	CORSONES, DEAN	Name	POLITO, PAULA
Address	15747 VILLORESI WAY	Address	15747 VILLORESI WAY
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

*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:** DEAN CORSONES

**MGRM**

**01/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date