

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000138244

Entity Name: MY MIAMI VACATION LLC

Current Principal Place of Business:

669 NE 191 TERRACE
MIAMI, FL 33179

Current Mailing Address:

669 NE 191 TERRACE
MIAMI, FL 33179 US

FEI Number: 46-1295692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTOR, FABIANA M
669 NE 191 TER
MIAMI, FL 33179 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	MGR
Name	CANTOR, FABIANA M	Name	FURMANSKI, ARIEL E
Address	669 NE 191 TER	Address	669 NE 191 TER
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

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: ARIEL FURMANSKI

MGRM

04/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date