

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000019830

Entity Name: FORGOTTEN COAST VACATIONS LLC

Current Principal Place of Business:

7441 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309

Current Mailing Address:

7441 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309 US

FEI Number: 46-4759100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLAS, JOHN G
1821 MICCOSUKEE COMMONS DRIVE
TALLAHASSEE, FL 32309 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 MGR
Name NICHOLAS, STEPHANIE
Address 7441 CREEKRIDGE CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title MGR
Name NICHOLAS, JOHN G
Address 7441 CREEKRIDGE CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

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: JOHN NICHOLAS

MGR

04/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date