

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053992

**Entity Name:** R.S. VACATION RENTALS LLC

**Current Principal Place of Business:**

3690 W GANDY BLVD  
4-134  
TAMPA, FL 33611

**Current Mailing Address:**

3690 W. GANDY,  
#4-134  
TAMPA, FL 33611 US

**FEI Number:** 46-5272531

**Certificate of Status Desired:** No

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

KEEN, DAN  
3030 N ROCKY POINT DR  
STE 150A  
TAMPA, FL 33607 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 SCHLEIFER, REBECCA  
Address 4644 W GANDY BLVD #4-134  
City-State-Zip: TAMPA FL 33611

Title AMBR  
Name SCHLEIFER, GROVER  
Address 1317 ARMSTRONG BLVD  
City-State-Zip: UNION CITY TN 38261

*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:** FREDRICA REBECCA SCHLEIFER

**PRESIDENT**

**04/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date