

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076855

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7185040176**

**Entity Name:** VACANZA PROPERTY MANAGEMENT CAPE CORAL, LLC

**Current Principal Place of Business:**

3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**Current Mailing Address:**

3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**FEI Number:** 46-5724685

**Certificate of Status Desired:** No

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

MARTENSSON, FREDRIK  
3613 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904 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	Title	MGR
Name	MARTENSSON, FREDRIK	Name	VACANZA RENTALS, LLC
Address	3613 DEL PRADO BLVD.	Address	3613 DEL PRADO BLVD.
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

*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:** FREDRIK MARTENSSON

**MGR**

**02/23/2015**

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

\_\_\_\_\_  
Date