

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076855

**FILED  
Mar 30, 2018  
Secretary of State  
CC8173080947**

**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  
Name MARTENSSON, FREDRIK  
Address 3613 DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904

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

Title MANAGER  
Name DUNIVAN, ERIN  
Address 3613 DEL PRADO BLVD.  
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 MAARTENSSON

**MGR**

**03/30/2018**

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

\_\_\_\_\_  
Date