

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000006926

**Entity Name:** AMELIA ISLAND VACATIONS, LLC

**Current Principal Place of Business:**

5010 SUMMER BEACH BOULEVARD  
#607 SAILMAKER  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

42 STONEBRIDGE ROAD  
WILTON, CT 06897 US

**FEI Number:** 47-2787112

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	AMBR	Title	AMBR
Name	MCGORTY, JOHN W	Name	MCGORTY, LISA J
Address	42 STONEBRIDGE ROAD	Address	42 STONEBRIDGE ROAD
City-State-Zip:	WILTON CT 06897	City-State-Zip:	WILTON CT 06897

*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:** LISA MCGORTY

**MANAGING MEMBER**

**02/02/2019**

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

\_\_\_\_\_  
Date