

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000178488

**Entity Name:** DS TROPICAL GETAWAYS, LLC

**Current Principal Place of Business:**

8335 FREEDOM CROSSING TRAIL  
APT 1608  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8335 FREEDOM CROSSING TRAIL  
APT 1608  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-5382925

**Certificate of Status Desired:** Yes

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

COVITZ, DANIEL L  
8335 FREEDOM CROSSING TRAIL  
APT 1608  
JACKSONVILLE, FL 32256 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  
Name            COVITZ, SHIRLEY G  
Address        8335 FREEDOM CROSSING TRAIL  
                  APT 1608  
City-State-Zip: JACKSONVILLE FL 32256

Title            AMBR  
Name            COVITZ, DANIEL L  
Address        8335 FREEDOM CROSSING TRAIL  
                  APT 1608  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DANIEL COVITZ

**MGR**

**04/13/2016**

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

\_\_\_\_\_  
Date