

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000175739

Entity Name: VACATION ESTATES LLC

Current Principal Place of Business:

1624 MOON VALLEY DR
CHAMPIONS GATE, FL 33896

Current Mailing Address:

PO BOX 7325
SEMINOLE, FL 33775

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALABI, FOUAD
1624 MOON VALLEY DR
CHAMPIONS GATE, FL 33896 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 HALABI, FOUAD
Address 1624 MOON VALLEY DR
City-State-Zip: CHAMPIONS GATE FL 33896

Title AMBR
Name HALABI, RYAN F
Address 1624 MOON VALLEY DR
City-State-Zip: CHAMPIONS GATE FL 33896

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: FOUAD HALABI

AMBR

03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date