

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040946

**Entity Name:** VACATION TIMES, LLC

**Current Principal Place of Business:**

1000 WEST AVE.  
1211  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 WEST AVE.  
1211  
MIAMI BEACH, FL 33139 US

**FEI Number:** 82-0783900

**Certificate of Status Desired:** No

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

LABIED, IVETTE  
1000 WEST AVE.  
1211  
MIAMI BEACH, FL 33139 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 LABIED, IVETTE  
Address 1000 WEST AVE., APT 1211  
City-State-Zip: MIAMI BEACH FL 33139

*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:** IVETTE LABIED

**MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date