

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000068950

**Entity Name:** AMELIA ISLAND VACATION RENTALS AND MANAGEMENT SERVICES, LLC

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**8449561645CC**

**Current Principal Place of Business:**

95141 AMALFI DRIVE  
2C  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

95141 AMALFI DRIVE VILLA  
2-C  
AMELIA ISLAND, FL 32034 US

**FEI Number: 82-1035712**

**Certificate of Status Desired: No**

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

FERRARA, NELLIE DEE  
95141 AMALFI DR VILLA  
2-C  
AMELIA ISLAND, FL 32034 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: NELLIE DEE FERRARA**

**02/29/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/MANAGER-DIRECTOR OF OPERATIONS  
Name FERRARA, NELLIE D  
Address 95141 AMALFI DR VILLA 2-C  
City-State-Zip: AMELIA ISLAND FL 32034

Title AR  
Name FRANCESCA, FERRARA R  
Address 306 OXFORD DRIVE  
City-State-Zip: NEW CASTLE PA 16105

*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: FERRARA, NELLIE D**

**OWNERMANAGER/DIRECTOR OF OPERATIONS 02/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date