

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000004916

**Entity Name:** A FAMILY ON VACATION, LLC

**Current Principal Place of Business:**

7208 W. SAND LAKE ROAD  
SUITE 305  
ORLANDO, FL 32819

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD  
STE. 50-960  
ORLANDO, FL 32819 US

**FEI Number:** 82-4207741

**Certificate of Status Desired:** Yes

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

RUSE, MADELINE D  
10701 BOCA POINTE DR  
ORLANDO, FL 32836 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	Title	MGR
Name	RUSE, MADELINE D	Name	PATEL, DHARMESHKUMAR S
Address	10701 BOCA POINTE	Address	10701 BOCA POINTE DR
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	ORLANDO FL 32836
Title	AP	Title	MGR
Name	FUFA, ANDREEA R	Name	GLICKMAN, JEFFREY M
Address	10701 BOCA POINTE DR	Address	13750 W COLONIAL DR STE 35
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	WINTER GARDEN FL 34787

*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:** DHARMESHKUMAR S PATEL

MGR

10/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date