

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000004916

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

**Current Principal Place of Business:**

719 WALTHAM AVENUE  
ORLANDO, FL 32809

**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  
Name RUSE, MADELINE D  
Address 10701 BOCA POINTE  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name PATEL, DHARMESHKUMAR S  
Address 10701 BOCA POINTE DR  
City-State-Zip: ORLANDO FL 32836

Title AP  
Name FUFA, ANDREEA R  
Address 10701 BOCA POINTE DR  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name GLICKMAN, JEFFREY M  
Address 13750 W COLONIAL DR  
STE 35  
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:** MADELINE D RUSE

**MANAGER**

**05/01/2019**

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

\_\_\_\_\_  
Date