

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141379

**Entity Name:** ORLANDO HAPPY DAYS VACATION HOME LLC

**Current Principal Place of Business:**

2787 MEADOW STREAM WAY  
CLERMONT, FL 34714

**Current Mailing Address:**

2787 MEADOW STREAM WAY  
CLERMONT, FL 34714 US

**FEI Number:** 37-1901586

**Certificate of Status Desired:** No

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

DOMINIUM CONSULTING SERVICES LLC  
6965 PIAZZA GRANDE AVE  
UNIT 206  
ORLANDO, FL 32835 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:** CLEITON CARDOSO

02/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PETRI, HELIDA B R	Name	PETRI, ODIMAR L
Address	RUA GOIANIA 270 ED LUBIANKA , PRAIA DE ITAPUA APT 201	Address	RUA GOIANIA 270 ED LUBIANKA , PRAIA DE ITAPUA APT 201
City-State-Zip:	VILA VELHA ESPIRITO SANTO 29.101-780	City-State-Zip:	VILA VELHA ESPIRITO SANTO 29.101-780
Title	AMBR	Title	AMBR
Name	PETRI, LUIZ FELIPPE B	Name	PETRI, ALEXANDRE HENRIQUE B
Address	RUA GOIANIA 270 ED LUBIANKA , PRAIA DE ITAPUA APT 201	Address	RUA GOIANIA 270 ED LUBIANKA , PRAIA DE ITAPUA APT 201
City-State-Zip:	VILA VELHA ESPIRITO SANTO 29.101-780	City-State-Zip:	VILA VELHA ESPIRITO SANTO 29.101-780

*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:** HELIDA B R PETRI

MGR

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date