

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227682

**Entity Name:** VACATION 3500 NW LLC**Current Principal Place of Business:**3500 NW 14TH TERRA  
CAPE CORAL, FL 33993**Current Mailing Address:**6700 WINKLER RD  
7  
FORT MYERS, FL 33993 US**FEI Number:** 83-2534205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOULIN, PATRICIA  
6700 WINKLER RD  
6  
FORT MYERS, FL 33919 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 AMBR  
Name HOPLITA LLC  
Address 6700 WINKLER RD  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name LOS TREBOLES LLC  
Address 6700 WINKLER RD  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name CALVIN AND ZEUS LLC  
Address 6700 WINKLER RD  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name MAUI GROUP LLC  
Address 1390 BRICKELL AVENUE # 200  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name Z & S ARGENTINA LLC  
Address 6700 WINKLER RD  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name CAPE OWLS LLC  
Address 6700 WINKLER RD  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name DESARROLLOS A & M LLC  
Address 6700 WINKLER RD  
6  
City-State-Zip: FORT MYERS FL 33919

*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:** PATRICIA MOULIN**REGISTERED AGENT****04/18/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date