

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000037257

**Entity Name:** TOP VACATION LLC

**Current Principal Place of Business:**

360 NE 55TH ST  
MIAMI, FL 33137

**Current Mailing Address:**

45 SW 9TH ST  
4409  
MIAMI, FL 33130 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PHILIAS, STEPHAN C  
45 SW 9TH ST  
4409  
MIAMI, FL 33130 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:** STEPHAN PHILIAS

09/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MR  
Name PHILIAS, STEPHAN  
Address 45 SW 9TH ST  
4409  
City-State-Zip: MIAMI FL 33130

*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:** STEPHAN PHILIAS

09/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date