251 SANDY CA MIRAMAR BEA	Y DR .CH, FL 32550			
251 SANDY				
MIRAMAR BEACH, FL 32550 US FEI Number: 83-4012601 Certificate of Statu			Certificate of Status Des	ired: No
Name and Address of Current Registered Agent:				
SMITH, PHILIP M 251 SANDY CAY DR MIRAMAR BEACH, FL 32550 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.				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	orida.
	d entity submits this statement for the purpose of changing its regise: PHILIP SMITH	stered office or regis	tered agent, or both, in the State of Flo	orida. 01/16/2024
		stered office or regis	tered agent, or both, in the State of Flo	
SIGNATURE	E: PHILIP SMITH Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	01/16/2024
SIGNATURE	E: PHILIP SMITH	stered office or regis	tered agent, or both, in the State of Flo	01/16/2024
SIGNATURE Authorized	E: PHILIP SMITH Electronic Signature of Registered Agent Person(s) Detail :			01/16/2024
SIGNATURE Authorized	E: PHILIP SMITH Electronic Signature of Registered Agent Person(s) Detail : AR	Title	AR	01/16/2024
SIGNATURE Authorized Title Name	E: PHILIP SMITH Electronic Signature of Registered Agent Person(s) Detail : AR SMITH, PHILIP M 251 SANDY CAY DR	Title Name	AR NUNEZ, ANDREA C 251 SANDY CAY DR	01/16/2024
SIGNATURE Authorized Title Name Address	E: PHILIP SMITH Electronic Signature of Registered Agent Person(s) Detail : AR SMITH, PHILIP M 251 SANDY CAY DR	Title Name Address	AR NUNEZ, ANDREA C 251 SANDY CAY DR	01/16/2024
SIGNATURE Authorized Title Name Address	E: PHILIP SMITH Electronic Signature of Registered Agent Person(s) Detail : AR SMITH, PHILIP M 251 SANDY CAY DR	Title Name Address	AR NUNEZ, ANDREA C 251 SANDY CAY DR	01/16/2024

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: ANDREA C NUNEZ ORTIZ

DOCUMENT# L19000075964

Entity Name: EMERALD SUN VACATIONS LLC

Current Principal Place of Business:

OWNER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Jan 16, 2024

Secretary of State 5061197501CC