# SIGNATURE: DANIELE, TAVELLA, SR

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000196724

Entity Name: VACATIONS ASSISTANCE LLC

### **Current Principal Place of Business:**

901 PENNSYLVANIA AVE 4 MIAMI BEACH, FL 33139

# **Current Mailing Address:**

901 PENNSYLVANIA AVE 4 MIAMI BEACH, FL 33139 US

### FEI Number: 84-3902777

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DANIELE, TAVELLA SR 901 PENNSYLVANIA AVE 4 MIAMI BEACH, FL 33139 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:

# Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	POLIMENI, LUCA SR	Name	DANIELE, TAVELLA SR
Address	901 PENNSYLVANIA AVE SUITE 4	Address	901 PENNSYLVANIA AVE SUITE 4
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

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

DANIELE TAVELLA

FILED Apr 03, 2021 Secretary of State 2591345784CC

Certificate of Status Desired: No

04/03/2021

Date

Date