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: LEAH GORYL Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000210036

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AWAY WEGO FLORIDA, LLC

Current Principal Place of Business:

890 A1A BEACH BLVD #8 ST. AUGUSTINE BEACH FL 32080

Current Mailing Address:

3000 SPRING PARK ROAD PO BOX 10862 JACKSONVILLE, FL 32207 US

FEI Number: 87-1934444

Name and Address of Current Registered Agent:

GORYL, LEAH 3000 SPRING PARK ROAD #10862 JACKSONVILLE, FL 32207 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GORYL, LEAH	Name	GORYL, JOHN
Address	3000 SPRING PARK ROAD, PO BOX 10862	Address	3000 SPRING PARK ROAD, PO BOX 10862
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

04/01/2024 MANAGER

FILED Apr 01, 2024 Secretary of State 7670625565CC

Certificate of Status Desired: No

Date

Date