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.

MGR

SIGNATURE: AIDAN WALDEN

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000379333

Entity Name: SUMMER VIBES VACATION RENTALS, LLC

Current Principal Place of Business:

1937 CAROLINA AVE NE SAINT PETERSBURG, FL 33703

Current Mailing Address:

1937 CAROLINA AVE NE SAINT PETERSBURG. FL 33703

FEI Number: 87-2596102

Name and Address of Current Registered Agent:

WALDEN, SUMMER 1937 CAROLINA AVE NE SAINT PETERSBURG, FL 33703 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	WALDEN, SUMMER	Name	WALDEN, AIDAN
Address	1937 CAROLINA AVE NE	Address	1937 CAROLINA AVE NE
City-State-Zip:	SAINT PETERSBURG FL 33703	City-State-Zip:	SAINT PETERSBURG FL 33703

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 08, 2022 Secretary of State 9118182250CC

Certificate of Status Desired: No

Date

04/08/2022 Date