

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000285795

**Entity Name:** HUMMINGBIRD VACATION HOME, LLC

**Current Principal Place of Business:**

2566 SW 27TH PL.  
CAPE CORAL, FL 33914

**Current Mailing Address:**

2566 SW 27TH PL.  
CAPE CORAL, FL 33914

**FEI Number:** 30-2101111

**Certificate of Status Desired:** No

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

WINNIG, NICOLA  
3812 SKYLINE BLVD.  
UNIT F  
CAPE CORAL, FL 33914 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name POLLAK, SABRINA  
Address 2566 SW 27TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name POLLAK, THOMAS  
Address 2566 SW 27TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name POLLAK, NOAH  
Address 2566 SW 27TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name POLLAK, ELIAS  
Address 2566 SW 27TH PL.  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name POLLAK, NIKOLAS  
Address 2566 SW 27TH PL.  
City-State-Zip: CAPE CORAL FL 33914

*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:** POLLAK, SABRINA

AMBR

01/18/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date