

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007022

Entity Name: DISNEY DESTINATIONS, LLC

Current Principal Place of Business:

1375 EAST BUENA VISTA DR
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

Current Mailing Address:

500 S. BUENA VISTA STREET
BURBANK, CA 91521 US

FEI Number: 59-3608084

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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 ASST. SECRETARY
Name SOLOMON, AARON H
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title TREASURER
Name GOMEZ, CARLOS A
Address 500 S. BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title SECRETARY
Name GAVAZZI, CHAKIRA H
Address 500 S. BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY
Name YOUNG, LEE R
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title VP
Name HELPER, STEPHEN
Address 800 SOUTH MAIN ST.
City-State-Zip: BURBANK CA 91506

Title AUTHORIZED MEMBER
Name WALT DISNEY ATTRACTIONS TRUST
Address 1375 BUENA VISTA DR
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST. SECRETARY
Name FLORES, JONATHAN L.
Address 1375 EAST BUENA VISTA DR
4TH FLOOR NORTH
City-State-Zip: LAKE BUENA VISTA FL 32830

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: CHAKIRA H. GAVAZZI

SECRETARY

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date