FILED
Jun 20, 2003 8:00 am
Secretary of State
04-28-2003 90083 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010684

1. Entity Name
TAKEMEONVACATION, LLC

Principal Place of Business	Mailing Address
2900 GATEWAY DRIVE POMPANO BEACH FL 33069	2900 GATEWAY DRIVE POMPANO BEACH FL 33069

[redacted]

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
550 ~~Gateway~~ FAIRWAY DR.	550 FAIRWAY DR.
Suite, Apt. #, etc. #107	Suite, Apt. #, etc. #107
City & State: DEERFIELD BEACH, FL	City & State: DEERFIELD BEACH FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. FEI Number 65-1035863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, LEONARD K
BERGER SINGERMAN, P.A.
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: PAMELA GELST
Street Address (P.O. Box Number is Not Acceptable): 550 FAIRWAY DR. #107
City: DEERFIELD BEACH FL Zip Code: 33441

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] PAMELA GELST MANAGER 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM ☐ Delete	TITLE	~~MEM~~ MGR ☒ Change ☐ Addition
NAME	SHEEHAN, KEVIN M	NAME	SHEEHAN, KEVIN M.
STREET ADDRESS	2900 GATEWAY DRIVE	STREET ADDRESS	550 FAIRWAY DR #107
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME		NAME	PAMELA GELST
STREET ADDRESS		STREET ADDRESS	550 FAIRWAY DR. #107
CITY-ST-ZIP		CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E063 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] ~~SIGNATURE REQUIRED~~ GELST MANAGER 4-24-03 954 429-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #