

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-16-2003 90028 016 ****55.00

DOCUMENT # L02000000283

1. Entity Name

LIBERTY VACATION HOMES USA, LLC



Principal Place of Business

Mailing Address

**1119 CLEAR CREEK CIRCLE
CLERMONT FL 34711**

**1119 CLEAR CREEK CIRCLE
CLERMONT FL 34711**

35052695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0558513

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JACQUELINE B. DEL-GIUDICE (MRS)
1119 CLEAR CREEK CIRCLE
CLERMONT FL 34711**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
JOHN DEL-GIUDICE (MR)
1119 CLEAR CREEK CIRCLE
CLERMONT FL 34711**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/10/03 352-2435139

Date

Daytime Phone #

CR2E083 (4/03)