


FILED
Jan 30, 2008 8:00 am
Secretary of State

60004835

DOCUMENT # L02000022161

1. Entity Name
CITY SITES VACATIONS LLC



Principal Place of Business
4370 COSTA MESA
PENSACOLA, FL 32504

Mailing Address
PO BOX 2308
PENSACOLA, FL 32513

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNO, THEODORE F JR.
4370 COSTA MESA
PENSACOLA, FL 32504

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | BRUNO, THEODORE F | |
| STREET ADDRESS | 4370 COSTA MESA | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | BRUNO, TERESA L | |
| STREET ADDRESS | 4370 COSTA MESA | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |

| | | |
|----------------|--------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete |
| NAME | BRUNO, THEODORE F | |
| STREET ADDRESS | 5631 DUNBAR CIRCLE | |
| CITY-ST-ZIP | MILTON, FL 32583 | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | KINCAID, TIMOTHY | |
| STREET ADDRESS | 2005 EVERGLADES DRIVE | |
| CITY-ST-ZIP | NAVARRE, FL 32566 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THEODORE F. BRUNO TRUSTEE OF | |
| STREET ADDRESS | THE BRUNO LIVING TRUST | |
| CITY-ST-ZIP | 4370 COSTA MESA | |
| | PENSACOLA, FL 32504 | |

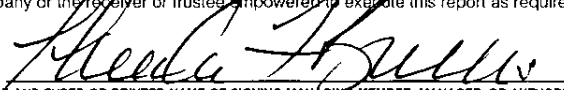
| | | |
|----------------|----------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TERESA L. BRUNO TRUSTEE OF | |
| STREET ADDRESS | THE BRUNO LIVING TRUST | |
| CITY-ST-ZIP | 4370 COSTA MESA | |
| | PENSACOLA, FL 32504 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/25/08 850-477-5885


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

Date

Daytime Phone #

01-30-2008 90093 025 ***143.75

60004835



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
42-1547988

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required