

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90069 048 ***50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000031428
1. Entity Name
SANDY VACATION, L.L.C.



Principal Place of Business Mailing Address
581 SR 434 581 SR 434
100 100
LONGWOOD, FL 32750 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
REHMETLLAH, SHAMA
7818 FERNLEAF DR.
ORLANDO, FL 32838

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 renewing.) DATE

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REHMETLLAH, SHAMA 7818 FERNLEAF DR ORLANDO, FL 32838
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *SHAMA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

24060653

04282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3088961 Applied For Not Applicable

8. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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04-27-04
Date Daytime Phone #