

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022019

1. Entity Name
VACATION RENTALS LLC



Principal Place of Business
3460 BALLYBRIDGE CR
UNIT 102
BONITA SPRINGS, FL 34134 US

Mailing Address
3460 BALLYBRIDGE CR
UNIT 102
BONITA SPRINGS, FL 34134 US



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRVINE, EUGENE F SR
3460 BALLYBRIDGE CR
UNIT 102
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
IRVINE, MAYRITA V
3460 BALLYBRIDGE CR UNIT 102
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
IRVINE, EUGENE F SR
3460 BALLYBRIDGE CR UNIT 102
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U00000176177
01/10/05-80082-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Eugene F. IRVINE

1/6/05 239 992 2679

Date

Daytime Phone #