

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
Feb 29, 2008, 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



02262008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>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)

0000000840001

03/12/08-80012-004 138.75

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Eugene Irvine*

1/30/08

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

Date

Daytime Phone #