## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000063723

Name:

Entity Name: DAVID'S VACATIONS, L.L.C.

**FILED** Oct 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

20 LAUREL OAKS DRIVE, SUITE 212 4200 SUMMIT CREEK BLVD LONGWOOD, FL 32707 ORLANDO, FL 32837

**Current Mailing Address: New Mailing Address:** 

20 LAUREL OAKS DRIVE, SUITE 212 4200 SUMMIT CREEK BLVD LONGWOOD, FL 32707 ORLANDO, FL 32837

FEI Number: 20-1603493 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVAS, DAVID RIVAS, DAVID

4200 SUMMIT CREEK BLVD 20 LAÚREL OAKS DRIVE, SUITE 212 LONGWOOD, FL 32707 ORLANDO, FL 32837

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.

SIGNATURE: DAVID RIVAS 10/03/2006

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete RIVAS, DAVID

Address: 20 LAUREL OAKS DRIVE, SUITE 212 Address: City-St-Zip: LONGWOOD, FL 32707 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: RAMIRET, LUIS Name: Address: 700 CREEK WATER TERRACE, APT 102 Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID RIVAS **MGRM** 10/03/2006