

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008723

FILED
Oct 16, 2006
Secretary of State

Entity Name: FLORIDA VACATION RENTALS BY OWNER, LLC

Current Principal Place of Business:

1834 NW 103RD AVENUE
PLANTATION, FL 33322

New Principal Place of Business:

1834 NW 103RD AVE
PLANTATION, FL 33322

Current Mailing Address:

1834 NW 103RD AVENUE
PLANTATION, FL 33322

New Mailing Address:

4153 COGNAC DR.
KENNER, LA 70065

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ECHAVARRIA, JOSE A
1834 NW 103RD AVENUE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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: JOSE A. ECHAVARRIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ECHAVARRIA, BEATRIZ A
Address: 1834 NW 103RD AVENUE
City-St-Zip: PLANTATION, FL 33322

Title: MGRM () Delete
Name: ECHAVARRIA, JOSE A
Address: 1834 NW 103RD AVENUE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 Statutes. 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: BEATRIZ A. ECHAVARRIA

MGRM

10/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date