

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90040 045 ***150.00

DOCUMENT # L05000083863

1. Entity Name
SOLE VACATION PROPERTY SERVICES LLC



Principal Place of Business
**9918 BEAUFORT CT
WINDERMERE, FL 34786 US**

Mailing Address
**9918 BEAUFORT CT
WINDERMERE, FL 34786 US**

60041456



04072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3573609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, SHELLEY
9918 BEAUFORT CT
WINDERMERE, FL 34786**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, SHELLEY 9918 BEAUFORT CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, PETE 9918 BEAUFORT CT WINDERMERE, FL 34786
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**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: Shelley A Jones **MGRM**
SHELLEY A JONES

4/17/07

**407-876-
5190**

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

Date

Daytime Phone #