

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90361 022 ****50.00

DOCUMENT # L06000000997

1. Entity Name

ROYAL PREMIER VACATIONS, LLC



Principal Place of Business

7606 WEST SAND LAKE ROAD
ORLANDO FL 32819
US

Moved to
↓

Mailing Address

7606 WEST SAND LAKE ROAD
ORLANDO FL 32819
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7065 Westpointe Blvd.

7065 Westpointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

Suite 303

City & State

City & State

Orlando FLORIDA

Orlando FLORIDA

Zip

Country

Zip

Country

32835

USA

32835

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4033232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREML, MICHAEL L
7606 WEST SAND LAKE ROAD
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael L Trembl, Registered Agent

4/30/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Thomas O. Hansen	
STREET ADDRESS	7065 Westpointe Blvd, Ste 303	
CITY-STATE-ZIP	Orlando FL 32835	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Raymond Coudriet	
STREET ADDRESS	7065 Westpointe Blvd, Ste 303	
CITY-STATE-ZIP	Orlando FL 32835	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	J. Scott Whittle	
STREET ADDRESS	7065 Westpointe Blvd, Ste 303	
CITY-STATE-ZIP	Orlando, FL 32835	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Scott A Morris	
STREET ADDRESS	7065 Westpointe Blvd, Ste 303	
CITY-STATE-ZIP	Orlando FL 32835	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Julie R. Morris Whittle	
STREET ADDRESS	7065 Westpointe Blvd, Ste 303	
CITY-STATE-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas O. Hansen

4/30/07

407532 2114

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

Date

Daytime Phone *