

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043056

Entity Name: VACATLANTIC LLC

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

1625 S.W. 1ST WAY  
C-14  
DEERFIELD BEACH, FL 33441 US

## New Principal Place of Business:

## Current Mailing Address:

1625 SOUTH FEDERAL HWY  
513  
POMPANO BEACH, FL 33062 US

## New Mailing Address:

FEI Number: 20-4754578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEAD, JEFFREY  
1625 SOUTH FEDERAL HWY  
513  
POMPANO BEACH, FL 33062 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MEAD, JEFFREY  
Address: 1625 SOUTH FEDERAL HWY, #513  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM ( ) Delete  
Name: MEAD, GREG  
Address: 3269 WALNUT AVENUE SW  
City-St-Zip: SEATTLE, WA 98116 US

Title: MGRM ( ) Delete  
Name: BENNYHOFF, DIRK  
Address: 20804 57TH AVENUE NW  
City-St-Zip: STANWOOD, WA 98292 US

## ADDITIONS/CHANGES:

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

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 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: JEFFREY MEAD

MGRM

04/08/2008

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