

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000053067

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** VACATION RENTAL PROS, LLC

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY, SUITE 701  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 50433  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

417 OCEAN BLVD.  
ATLANTIC BEACH, FL 32233

**FEI Number:** 20-4654564      **FEI Number Applied For ( )**      **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:**

MILO, STEPHEN E  
417 OCEAN BLVD  
ATLANTIC BEACH, FL 32233      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:** STEPHEN E. MILO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** BISHOP, KYUNG P.A.  
**Address:** 11555 CENTRAL PARKWAY, SUITE 701  
**City-St-Zip:** JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

**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:** KYUNG BISHOP

MGR

10/21/2009

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