

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024898

Entity Name: HOLIDAY VILLAS 405, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18610 GULF BLVD.  
#405  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

15509 CASEY ROAD EXT.  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 45-0554363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, REBECCA L  
15509 CASEY ROAD EXT.  
TAMPA, FL 33624 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  
Name: MYERS, REBECCA/STEVE  
Address: 15509 CASEY ROAD EXT  
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM  
Name: POPE/BIKOWITZ, LYNN/PAUL  
Address: 6619 THOROUGHbred LOOP  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM  
Name: LEE, BILLIE/RICHARD  
Address: 1113 LEISURE AVENUE  
City-St-Zip: TAMPA, FL 33613 US

I hereby 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: M. LYNN POPE

MM

02/17/2010

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