

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080688

Entity Name: VIAVACANZA, LLC

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

1284 LAURA LANE  
NICEVILLE, FL 32578 US

## New Principal Place of Business:

921 INDIGO LOOP  
MIRAMAR BEACH, FL 32550 US

## Current Mailing Address:

1284 LAURA LANE  
NICEVILLE, FL 32578 US

## New Mailing Address:

921 INDIGO LOOP  
MIRAMAR BEACH, FL 32550 US

FEI Number: 26-0666597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCURTO, JOE  
1284 LAURA LANE  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

SCURTO, JOE  
921 INDIGO LOOP  
MIRAMAR BEACH, FL 32550 US

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: JOE SCURTO

01/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCURTO, JOE  
Address: 1284 LAURA LANE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM ( ) Delete  
Name: LETO, AMBER  
Address: 339 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCURTO, JOE  
Address: 921 INDIGO LOOP  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: JOE SCURTO

MGRM

01/15/2009

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