

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020566

Entity Name: POGO VACATIONS, LLC

FILED
Jul 24, 2009
Secretary of State

Current Principal Place of Business:

400 S. ATLANTIC AVE.
SUITE 114
ORMOND BEACH, FL 32176

New Principal Place of Business:

209 S. HALIFAX AVE.
DAYTONA BEACH, FL 32114

Current Mailing Address:

400 S. ATLANTIC AVE.
SUITE 114
ORMOND BEACH, FL 32176

New Mailing Address:

PO BOX 11183
DAYTONA BEACH, FL 32120

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MORIN, DEREK
400 S. ATLANTIC AVE
SUITE 114
ORMOND BEACH, FL 32176 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: MGR () Delete
Name: ARTHUR, LORETTA
Address: 400 S. ATLANTIC AVE SUITE 114
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM () Delete
Name: MORIN, DEREK
Address: 400 S. ATLANTIC AVE SUITE 114
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARTHUR, LORETTA
Address: 209 S. HALIFAX AVE.
City-St-Zip: DAYTONA BEACH, FL 32120 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: LORETTA ARTHUR

GM

07/24/2009

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