

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076331

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** CARIBBEAN VACATIONS LLC

**Current Principal Place of Business:**

2100 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

475 CENTRAL AVE  
302  
ST. PETERSBURG, FL 33701 US

**Current Mailing Address:**

347 4TH AVE S  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

PO BOX 687  
ST. PETERSBURG, FL 33731 US

FEI Number: 26-3179854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BELAIR, DAWN  
347 4TH AVE S  
ST. PETERSBURG, FL 33701 US

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

BELAIR, DAWN  
475 CENTRAL AVE  
302  
ST. PETERSBURG, FL 33701 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: DAWN BELAIR

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BELAIR, DAWN  
Address: PO BOX 687  
City-St-Zip: ST. PETERSBURG, FL 33731 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: DAWN BELAIR

MGR

04/11/2012

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