

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082622

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** GREEN COAST VILLAS RESERVATION SERVICES, L.L.C.

**Current Principal Place of Business:**

1700 SUMMIT LAKE DRIVE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SUMMIT LAKE DRIVE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 26-3267216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 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  
**Name:** SAYLER, JANA R  
**Address:** 2615 CENTENNIAL DRIVE, SUITE 200  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGR  
**Name:** GARNER, KIMBERLY D  
**Address:** 1700 SUMMIT LAKE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32317

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:** KIMBERLY D GARNER

MGR

04/20/2010

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