

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088722

FILED
Apr 29, 2009
Secretary of State

Entity Name: MY TIMESHARE RESCUE HOLDINGS, LLC

Current Principal Place of Business:

205 E. CENTRAL BLVD.
500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

205 E. CENTRAL BLVD.
500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-2417152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, HARMON J
205 E. CENTRAL BLVD.
500
ORLANDO, FL 32801 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 () Delete
Name: MICHAEL, DAVIS T
Address: 205 E. CENTRAL BLVD. SUITE-500
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: HARMON, ROBERT J
Address: 205 E. CENTRAL BLVD. SUITE-500
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: COMAS, ANTONIO J
Address: 205 E. CENTRAL BLVD. SUITE-500
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHAEL, DAVIS
Address: 205 E. CENTRAL BLVD. SUITE-500
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. HARMON

MGRM

04/29/2009

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