

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022469

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE STATE VACATION RENTALS, LLC

**Current Principal Place of Business:**

1035 OAK RIDGE DRIVE  
BLUE BELL, PA 19422 US

**New Principal Place of Business:**

213 NAPOLI DR  
DAVENPORT, FL 33897 US

**Current Mailing Address:**

1035 OAK RIDGE DRIVE  
BLUE BELL, PA 19422 US

**New Mailing Address:**

**FEI Number:** 26-4420545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
**Name:** CADE, RICHARD K  
**Address:** 1035 OAK RIDGE DRIVE  
**City-St-Zip:** BLUE BELL, PA 19422 US

**Title:** MGRM  
**Name:** CADE, MARY A  
**Address:** 1035 OAK RIDGE DRIVE  
**City-St-Zip:** BLUE BELL, PA 19422 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: RICHARD CADE

PRES

01/17/2012

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