

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046513

Entity Name: VACATION FINANCE, LLC

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

**Current Principal Place of Business:**

4499 WEST IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4499 WEST IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 27-2197145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCKER, WILLIAM  
6128 WATERFIELD WAY  
ST. CLOUD, FL 34771 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: ROCKER, WILLIAM  
Address: 4499 WEST ORLO BRONSON HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR  
Name: ROCKER, JEANNIENE  
Address: 4499 WEST ORLO BRONSON HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34746

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: WILLIAM ROCKER

MGR

02/17/2012

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