

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050862

Entity Name: INTERVAL RELIEF LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1060 BRICKELL AVE #1515  
MIAMI, FL 33131 US

**New Principal Place of Business:**

1060 BRICKELL AVE  
SUITE 1515  
MIAMI, FL 33131 US

**Current Mailing Address:**

247 SW 8TH ST #52  
MIAMI, FL 33130

**New Mailing Address:**

247 SW 8TH ST  
#52  
MIAMI, FL 33130

FEI Number: 27-0246840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALFONZO, ANTHONY J  
1060 BRICKELL AVE  
# 1515  
MIAMI, FL 33131 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: ALFONZO, ANTHONY J  
Address: 1060 BRICKELL AVE #1515  
City-St-Zip: MIAMI, FL 33131 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: ANTHONY J ALFONZO

MGRM

03/15/2011

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