

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109786

Entity Name: KEY WEST HOLIDAYS LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

611 GRINNEL STREET, #2  
KEY WEST, FL 33040

## **New Principal Place of Business:**

611 GRINNEL STREET  
#2  
KEY WEST, FL 33040

## **Current Mailing Address:**

P.O. BOX 674  
KEY WEST, FL 33041

## **New Mailing Address:**

FEI Number: 27-2504745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STROH, TOM  
611 GRINNEL STREET, #2  
KEY WEST, FL 33040 US

## **Name and Address of New Registered Agent:**

STROH, TOM N  
611 GRINNEL STREET  
#2  
KEY WEST, FL 33040 US

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: TOM STROH

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: DIR  
Name: STROH, TOM N  
Address: P.O. BOX 674  
City-St-Zip: KEY WEST, FL 33041

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: TOM STROH

DIR

04/30/2012

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