

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000110586

Entity Name: JM VACATION, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2267 WYNDHAM PALM WAY  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

2267 WYNDHAM PALM WAY  
KISSIMMEE, FL 34747

**New Mailing Address:**

109 AMBERSWEET WAY  
SUITE 401  
DAVENPORT, FL 33897

FEI Number: 27-1313460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEAVER, JAMES M ESQ  
240 EAST PARK AVENUE  
LAKE WALES, FL 33853 US

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

BELL & VANGRONDELLE CPA FIRM, LLC  
109 AMBERSWEET WAY  
SUITE 401  
DAVENPORT, FL 33897 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: BELL & VANGRONDELLE CPA FIRM, LLC

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JENSEN, MICHAEL  
Address: 2267 WYNDHAM PALM WAY  
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM  
Name: CHRISTENSEN, JAN P  
Address: 2267 WYNDHAM PALM WAY  
City-St-Zip: KISSIMMEE, FL 34747

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: MICHAEL JENSEN

MGRM

04/30/2011

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