

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000117562

Entity Name: ADR VACATIONS LLC

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

3950 SO HWY 17-92  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

111 SPRINGWIND WAY  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 45-3593030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLECHAS, TRACEY J  
111 SPRINGWIND WAY  
CASSELBERRY, FL 32707 US

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

PLECHAS, TRACEY J  
3950 SO HWY 17-92  
CASSELBERRY, FL 32707 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: TRACEY PLECHAS

10/07/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: PLECHAS, TRACEY J  
Address: 3950 SO HWY 17-92  
City-St-Zip: CASSELBERRY, FL 32707

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: TRACEY PLECHAS

PRES

10/07/2013

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