

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000135585

**Entity Name:** AKA VACATION RENTALS, LLC

**FILED**  
**Jun 05, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

248 MIRAMAR STREET  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

RPRS MANAGEMENT, LLC  
109 AMBERSWEET WAY #407  
DAVENPORT, FL 338978418

**New Mailing Address:**

248 MIRAMAR STREET  
DAVENPORT, FL 33897

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

REGAL PALMS RESORT & SPA MANAGEMENT, LLC  
2700 SAND MINE ROAD  
DAVENPORT, FL 33897 US

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

LECLAIR-ALLEN, ADRIENNE L  
248 MIRAMAR STREET  
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: ADRIENNE L. LECLAIR-ALLEN

06/05/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LECLAIR-ALLEN, ADRIENNE  
Address: 248 MIRAMAR STREET  
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM  
Name: ALLEN, TIDON K  
Address: 248 MIRAMAR STREET  
City-St-Zip: DAVENPORT, FL 33897

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: ADRIENNE L. LECLAIR-ALLEN

MS.

06/05/2013

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