

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138927

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Entity Name:** VACATION HOME SERVICES, LLC

**Current Principal Place of Business:**

2013 5TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

2013 5TH STREET  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 99-0371526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELL, MATTHEW L  
BELL & VAN GRONDELLE CPA FIRM  
109 AMBERSWEET WAY, SUITE 401  
DAVENPORT, FL 33897 US

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

BELL, MATTHEW L  
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: MATTHEW L BELL

07/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOBIN, JOAN M  
Address: 15-21 FISHERMAN'S ROAD, PO BOX 161  
City-St-Zip: WITLESS BAY, NL A0A 4K0

Title: MGRM  
Name: TOBIN, RANDELL M  
Address: 15-21 FISHERMAN'S ROAD, PO BOX 161  
City-St-Zip: WITLESS BAY, NL A0A 4K0

Title: MGRM  
Name: HART, KIMBERLY L  
Address: 2013 5TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

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: JOAN M TOBIN

MGRM

07/12/2012

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