

L12000085275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500246905595

05/02/13--01013--007 **25.00

FILED
13 MAY 15 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 16, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2013

JOHN L. THOMAS / VACATION CAPITAL MANAGEMENT LLC
3870 TUCKS POINT
WINTER PARK, FL 32792

SUBJECT: VACATION CAPITAL MANAGEMENT LLC
Ref. Number: L12000085275

We have received your document for VACATION CAPITAL MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00010850

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacation Capital Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John L. Thomas

Name of Person

Vacation Capital Management, LLC

Firm/Company

3870 Tucks Point

Address

Winter Park, FL 32792

City/State and Zip Code

vacationcapital@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L. Thomas

Name of Person

at (407) 538-9704

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Vacation Capital Management, LLC

2. (a) Principal office address of limited liability company: 3870 Tucks Point
Winter Park, FL 32792
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 3870 Tucks Point
Winter Park, FL 32792
(Note: MAY BE POST OFFICE BOX)

April 30, 2013

3. Date of filing/registration in Florida

4. Document number L12000085275

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: INCRP SERVICES, INC

Registered Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: John L. Thomas
Vacation Capital Management, LLC

NEW Registered Office Address: 3870 Tucks Point
Winter Park, FL 32792
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John L. Thomas

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00