

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 037 ****50.00

DOCUMENT # L99000008012

1. Entity Name

RVM VACATIONS, L.L.C.

Principal Place of Business

**2900 GATEWAY DR
#101
POMPAÑO BEACH FL 33069**

Mailing Address

**2900 GATEWAY DR
#101
POMPAÑO BEACH FL 33069**

2. Principal Place of Business

2900 Gateway Drive

3. Mailing Address

2900 Gateway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0962671

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GELET, PAMELA
2900 GATEWAY DR
POMPAÑO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

Leonard K. Samuëls

Street Address (P.O. Box Number is Not Acceptable)

Berger Singerman, P.A.**350 East Las Olas Blvd., Suite 1000**

City

Ft. Lauderdale

FL

Zip Code

33301

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/02**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHEEHAN, KEVIN
STREET ADDRESS 100 WEST CYPRESS CREEK ROAD, SUITE 700
CITY-ST-ZIP FORT LAUDERDALE FL 33309☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Sheehan, Kevin
STREET ADDRESS 2900 Gateway Drive
CITY-ST-ZIP Pompano Beach, FL 33069☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED**4/3/02****984-975-4340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)