

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005304

**Entity Name:** HOLIDAY PLANNERS LLC

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

258 PRITCHARD HOLLER  
REEDS SPRING, MO 65737

**New Principal Place of Business:**

**Current Mailing Address:**

18942 BUSINESS 13, STE. F-328  
BRANSON WEST, MO 65737

**New Mailing Address:**

**FEI Number:** 20-2026862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH, SUITE 101-330  
NAPLES, FL 34102 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CFO  
**Name:** BROWN, SHEREE  
**Address:** 18942 BUSINESS 13, STE. F-328  
**City-St-Zip:** BRANSON WEST, MO 65737

**Title:** P  
**Name:** BROWN, JEFF  
**Address:** 18942 BUSINESS 13, STE. F-328  
**City-St-Zip:** BRANSON WEST, MO 65737

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: SHEREE E. BROWN

CFO

02/08/2012

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