

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011913

**Entity Name:** INTERVAL SOFTWARE SERVICES, LLC**Current Principal Place of Business:**7812 PALM PARKWAY  
ORLANDO, FL 32836**Current Mailing Address:**7812 PALM PARKWAY  
ORLANDO, FL 32836 US**FEI Number:** 65-1133709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DIANA SERRA, VICE PRESIDENT

04/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            AGOSTINI, MARCOS  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            MANAGER, VP  
Name            MARINO, JASON P  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title            MANAGER, VP  
Name            HUNTER , JAMES H IV  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title            ASST. SECRETARY  
Name            FUGGI, CAROL L  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title            ASST. SECRETARY  
Name            SILVERMAN, JILL T  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            ASST. SECRETARY  
Name            VANOS, WILLIAM S  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title            ASST. SECRETARY  
Name            DEPALMA, PATRICIA  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title            SECRETARY  
Name            HERMAN, HAROLD J  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HAROLD J HERMAN**SECRETARY**

04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           TREASURER, VP  
Name           BRAMUCHI, JOSEPH J  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title           VP  
Name           BUKKAPATNAM, RAMAN  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title           VP  
Name           PIGHINI, KATHLEEN A  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title           VP  
Name           YONKER, MICHAEL E  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836

Title           VP  
Name           TAMARGO, JOSE  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title           MANAGER  
Name           GUSTAFSON, LORI  
Address        7812 PALM PARKWAY  
City-State-Zip: ORLANDO FL 32836