

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024898

Entity Name: HOLIDAY VILLAS 405, LLC

Current Principal Place of Business:

18610 GULF BLVD.
#405
INDIAN SHORES, FL 33785

Current Mailing Address:

15509 CASEY ROAD EXT.
TAMPA, FL 33624

FEI Number: 45-0554363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, REBECCA L
15509 CASEY ROAD EXT.
TAMPA, FL 33624 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MYERS, BECKY
Address 15509 CASEY ROAD EXT
City-State-Zip: TAMPA FL 33624

Title MGRM
Name POPE, M LYNN
Address 3225 S. MACDILL AVE. STE 129-148
City-State-Zip: TAMPA FL 33529

Title MGRM
Name LEE, BILLIE
Address 1113 LEISURE AVENUE
City-State-Zip: TAMPA FL 33613

Title MGRM
Name MYERS, STEVE
Address 15509 CASEY ROAD EXT
City-State-Zip: TAMPA FL 33634

Title MGRM
Name LEE, RICHARD
Address 1113 LEISURE AVENUE
City-State-Zip: TAMPA FL 33613

Title MGRM
Name BIKOWITZ, PAUL
Address 17212 JOURNEYS END
City-State-Zip: ODESSA FL 33556

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD LEE

MANAGER

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date