

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000095847

**Entity Name:** VACATION INN RESORT REALTY OF THE PALM BEACHES, LLC**Current Principal Place of Business:**6500 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33407**Current Mailing Address:**6500 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33407**FEI Number:** 26-3814425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE, BENDER, REMBAUM ATTORNEYS AT LAW  
1200 PARK CENTRAL BOULEVARD S.  
POMPANO BEACH, FL 33064 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:** JEFFREY REMBAUM, ESQ.

08/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TEASDALE, JEAN-MARC  
Address 6500 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name ROY, MARIO  
Address 6500 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name VIOLETTE, DONALD  
Address 6500 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name DUFRESNE, ROBERT  
Address 6500 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33407

Title MANAGING MEMBER, BROKER  
Name FLORUS GLEZIL, MARLIE  
Address 6500 N MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33407

Title MGR  
Name HARTPENCE, LAWRENCE  
Address 6500 N. MILITARY TR  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** MARLIE FLORUS GLEZIL

MANAGING MEMBER

08/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date