

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046513

**Entity Name:** VACATION FINANCE, LLC

**Current Principal Place of Business:**

2730 13TH STREET  
ST. CLOUD, FL 34769

**Current Mailing Address:**

PO BOX 700607  
SAINT CLOUD, FL 34770-0607 US

**FEI Number:** 27-2197145

**Certificate of Status Desired:** No

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

ROCKER, WILLIAM  
6128 WATERFIELD WAY  
ST. CLOUD, FL 34771 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	MGR	Title	MGR
Name	ROCKER, WILLIAM	Name	ROCKER, JEANNIENE
Address	2730 13TH STREET	Address	2730 13TH STREET
City-State-Zip:	ST. CLOUD FL 34769	City-State-Zip:	ST. CLOUD FL 34769

*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:** WILLIAM ROCKER

MGR

03/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date