

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075824

**Entity Name:** GOOD VACATIONS, LLC

**Current Principal Place of Business:**

8818 CARLYLE AVE  
SURFSIDE, FL 33154

**Current Mailing Address:**

8818 CARLYLE AVE  
SURFSIDE, FL 33154 US

**FEI Number:** 27-1890808

**Certificate of Status Desired:** No

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

ROCHE, OLIVIER  
8818 CARLYLE AVE  
SURFSIDE, FL 33154 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 ROCHE, OLIVIER  
Address 1642 NE 110 TER  
City-State-Zip: MIAMI FL 33161

Title MGR  
Name ESPECHE, GAEL  
Address 8818 CARLYLE AVE  
City-State-Zip: SURFSIDE FL 33154

*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:** ROCHE OLIVIER

MGRM

04/30/2021

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

\_\_\_\_\_  
Date