

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029972

**Entity Name:** ORLANDO VACATION RENTALS SERVICES LLC

**Current Principal Place of Business:**

251 HART RD.  
DAVENPORT, FL 33837

**Current Mailing Address:**

P.O. BOX 385  
LOUGHMAN, FL 33858 US

**FEI Number: 26-3584430**

**Certificate of Status Desired: No**

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

CARTER, SUSAN  
222 RUBINO DRIVE  
DAVENPORT, FL 33837 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 CARTER, SUSAN P  
Address 222 RUBINO DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title MGRM  
Name CARTER, ERIC M  
Address 222 RUBINO DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title MGRM  
Name PRICE, ALEXANDRIA L  
Address 222 RUBINO DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title AUTHORIZED REPRESENTATIVE  
Name SUIT, MARK  
Address P.O. BOX 385  
City-State-Zip: LOUGHMAN FL 33858

Title OPERATIONS MANAGER  
Name ROBERTS, EMILIE MICHELE  
Address P.O. BOX 385  
City-State-Zip: LOUGHMAN FL 33858

*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: SUSAN PIKE CARTER**

**MANAGING MEMBER**

**04/07/2017**

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

\_\_\_\_\_  
Date