2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
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Entity Name: SPLASH VACATION RENTALS, LLC

Current Principal Place of Business:

3010 HOLIDAY DRIVE
FT LAUDERDALE, FL 33316

Current Mailing Address:

PO BOX 39748
FORT LAUDERDALE, FL 33304 US

FEI Number: 45-1621249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANDART, JOHN CPA
9000 NW 44 ST
2ND FL
SUNRISE, FL 33351 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	JOHNSON, BARBARA
Address	PO BOX 39748
City-State-Zip:	FT LAUDERDALE FL 33339

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: BARBARA JOHNSON MGRM 04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date