

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066192

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC0007567267**

**Entity Name:** ORLANDO HOLIDAY MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O MIA A THOMAS, PA 1408 E ROBINSON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

18 WOOLACOMBE ROAD  
CHILDWALL  
LIVERPOOL, L16 9JQ GB

**FEI Number:** 45-2497670

**Certificate of Status Desired:** No

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

THOMAS, MIA ACPA  
1408 E ROBINSON STREET  
ORLANDO, FL 32801 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 MRGM  
Name MELVIN, PAUL  
Address 18 WOOLACOMBE ROAD  
CHILDWALL  
City-State-Zip: LIVERPOOL UK L16 9JQ

Title MANAGER  
Name MELVIN, JILL  
Address 18 WOOLACOMBE ROAD  
CHILDWALL  
City-State-Zip: LIVERPOOL L16 9JQ

*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:** MELVIN , PAUL

MRMG

04/14/2016

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

\_\_\_\_\_ Date