## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000093071

**Entity Name: RESORT MANAGEMENT LLC** 

**Current Principal Place of Business:** 

69 E PINE ST

ORLANDO, FL 32801

**Current Mailing Address:** 

69 E PINE ST

ORLANDO, FL 32801 US

FEI Number: 99-0368692 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIOCIA, GILMAN 2875 NE 191ST STREET SUITE 601 AVENTURA, FL 33180 US

Address

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: GILMAN CIOCIA 05/07/2015

Electronic Signature of Registered Agent Date

Address

69 E PINE ST

Authorized Person(s) Detail:

69 E PINE ST

Title MANAGER Title MANAGER

Name MAWARDI, ISAAC Name MAWARDI, DANIEL

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

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: ISAAC MAWARDI MANAGER 05/07/2015

FILED May 07, 2015

**Secretary of State** 

CR1329158183