

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000107991

**Entity Name:** TIME AWAY VACATIONS, LLC

**Current Principal Place of Business:**

2244 COUPLES DR  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 2451  
LAKELAND, FL 33806

**FEI Number:** 46-3328989

**Certificate of Status Desired:** Yes

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

WATSON, STEPHEN C ESQ  
ONE LAKE MORTON DR  
LAKELAND, FL 33801 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 LAFLAMME, DANIEL W  
Address 2244 COUPLES DR  
City-State-Zip: LAKELAND FL 33813

*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:** DANIEL LAFLAMME

MGRM

02/10/2015

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

\_\_\_\_\_ Date