

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000119956

**Entity Name:** DANDY TIME VACATIONS LLC

**Current Principal Place of Business:**

152 PINE ARBOR CIR  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

152 PINE ARBOR CIR  
ST AUGUSTINE, FL 32084

**FEI Number:** 47-2114731

**Certificate of Status Desired:** No

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

SKIPPER, HELEN C  
152 PINE ARBOR CIR  
SAINT AUGUSTINE, FL 32084 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 MGR  
Name SKIPPER, HELEN C  
Address 152 PINE ARBOR CIR  
City-State-Zip: ST. AUGUSTINE FL 32084

Title AR  
Name SKIPPER, NORMAN E JR  
Address 152 PINE ARBOR CIR  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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:** HELEN C SKIPPER

**MANAGER**

**02/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date