

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000219738

**Entity Name:** MAGICAL VACATIONS FOR YOU LLC

**Current Principal Place of Business:**

1805 NW 69 AVE  
MARGATE, FL 33063

**Current Mailing Address:**

1805 NW 69 AVE  
MARGATE, FL 33063 US

**FEI Number:** 81-4611190

**Certificate of Status Desired:** No

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

SMALLEY, MADELINE  
1805 NW 69TH AVE  
MARGATE, FL 33063 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            AMBR  
Name            SMALLEY, MADELINE  
Address        1805 NW 69 AVE  
City-State-Zip: MARGATE FL 33063

*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:** MADELINE SMALLEY

**OWNER**

**02/19/2025**

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

\_\_\_\_\_  
Date