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

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	DIAS, FATIMA R	Name	ZABALETA, VICT
Address	8229 ALATOONA PASS WAY	Address	5320 FALCON. TI
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	DAVIE FL 33314
Title	PDS		
Name	ZABALETA, VICTOR		

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

5320 FALCON TRL

SIGNATURE:

Address

DAVIE, FL 33314 US

ZABALETA, VICTOR

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000043453

Entity Name: ORLANDO HOME AWAY FROM HOME LLC

Current Principal Place of Business:

8229 ALATOONA PASS WAY BOYNTON BEACH. FL 33473

Current Mailing Address:

8229 ALATOONA PASS WAY BOYNTON BEACH. FL 33473 US

FEI Number: 82-4521330

5320 FALCON TRL

City-State-Zip: DAVIE FL 33314

Certificate of Status Desired: No

TOR ΓRL 4

that my name appears above, or on an attachment with all other like empowered. 03/28/2023 SIGNATURE: FATIMA R DIAS AMBR

FILED Mar 28, 2023 Secretary of State 0304352678CC

Date

Date