

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000114558

Entity Name: SANIBEL CAPTIVA ISLAND VACATION SERVICES, LLC**Current Principal Place of Business:**15951 CAPTIVA RD
CAPTIVA ISLAND, FL 33924**Current Mailing Address:**15951 CAPTIVA RD
CAPTIVA ISLAND, FL 33924 US**FEI Number:** 83-0604760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBELINI, MARK A
1625 HENDY SR, STE 301
FT MYERS, FL 33901 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 BABCOCK, LILLIAN
Address 30 TROWBRIDGE TRAIL
City-State-Zip: PITTSFORD NY 14534

Title MGR
Name BRYAN, RICHARD G JR
Address 7532 DAWN COURT
City-State-Zip: LITTLETON CO 80125

Title MGR
Name CALVERT, GEORGE
Address 2985 RENNELLS ROAD
City-State-Zip: SPRING LAKE MI 49456

Title MGR
Name KELLEHER, JULIE MARGAUX
Address 409 ECHO SPUR
P.O. BOX 3387
City-State-Zip: PARK CITY UT 84060

Title MGR
Name LAPI, ANTONINO R
Address 4341 WEST GULF DRIVE
City-State-Zip: SANIBEL FL 33957

Title MGR
Name BABCOCK, DOUGLAS
Address 2512 WULFERT ROAD
City-State-Zip: SANIBEL FL 33957

Title MANAGER
Name MCCLANE, JANET B
Address 8 WINDHAM CIRCLE
City-State-Zip: MENDON NY 14506

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: ANTONINO R. LAPI**MANAGER****02/12/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date