**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 30, 2025**
**Secretary of State**
**7331983361CC**

DOCUMENT# L21000347347

**Entity Name:** TOM & STACEY'S DREAM VACATION LLC

**Current Principal Place of Business:**

431 MUIRFIELD LOOP
REUNION, FL 34747

**Current Mailing Address:**

431 MUIRFIELD LOOP
REUNION, FL 34747 US

**FEI Number: 87-2153716**

**Certificate of Status Desired:** No

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

LEE C. SCHMACHTENBERG P.A.
730 S COLLIER BLVD
SUITE 1001
MARCO ISLAND, FL 34145 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 | MICHAELIS, THOMAS J |
| Address | 431 MUIRFIELD LOOP |
| City-State-Zip: | REUNION FL 34747 |

*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: THOMAS MICHAELIS OWNER 01/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date