that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ADI SHALEM MANAGER

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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000358751

Entity Name: WYNWOOD VACATION LLC

Current Principal Place of Business:

136 NW 26TH ST 2201 WYNWOOD, FL 33127

Current Mailing Address:

170 OCEAN LANE DR 606 KEY BISCAYNE, 33149 UN

FEI Number: 21-2106880

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SHALEM, ADI 170 OCEAN LANE DR 606 KEY BISCAYNE, FL 33149 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:

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	SHALEM, ADI	Name	SHALEM, KEREN
Address	170 OCEAN LANE DR, #606	Address	170 OCEAN LANE DR, #606
City-State-Zip:	KEY BISCAYNE 33149	City-State-Zip:	KEY BISCAYNE 33149

FILED Jan 27, 2023 Secretary of State 4537708241CC

Certificate of Status Desired: No

01/27/2023

Date

Date