

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000149454

Entity Name: ALTAIRE VACATION PERKS LLC

Current Principal Place of Business:

2 EXECUTIVE BOULEVARD
SUITE 201
SUFFERN, NY 10901

Current Mailing Address:

2 EXECUTIVE BOULEVARD
SUITE 201
SUFFERN, NY 10901

FEI Number: 88-1435561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: TINA MAKI, DP

02/28/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JACOB, BROCHA
Address 2 EXECUTIVE DRIVE, SUITE 201
City-State-Zip: SUFFERN NY 10901

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: JACOB BROCHA

AMBR

02/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date