

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000211906

**Entity Name:** SOUTH TROPICAL VACATIONS LLC

**Current Principal Place of Business:**

1339 RICHMOND DR.  
MELBOURNE, FL 32935

**Current Mailing Address:**

1339 RICHMOND DR.  
MELBOURNE, FL 32935 US

**FEI Number: 88-2395236**

**Certificate of Status Desired: No**

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

CANTOR, DALIA  
3801 AVALON PARK E BLVD.  
350A  
ORLANDO, FL 32828 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	Title	AMBR
Name	DUNFEE, BRIAN	Name	DUNFEE, LAUREN
Address	1339 RICHMOND DR.	Address	1339 RICHMOND DR.
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

*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: DUNFEE , BRIAN**

**AMBR**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date