

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007022

**Entity Name:** DISNEY DESTINATIONS, LLC

**Current Principal Place of Business:**

1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

500 S. BUENA VISTA STREET  
BURBANK, CA 91521 US

**FEI Number:** 59-3608084

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 SOUTH BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title ASSISTANT SECRETARY  
Name YOUNG, LEE R  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name HELPER, STEPHEN  
Address 800 SOUTH MAIN ST.  
City-State-Zip: BURBANK CA 91506

Title SOLE MEMBER  
Name WALT DISNEY ATTRACTIONS TRUST  
Address 1375 BUENA VISTA DR  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASSISTANT SECRETARY  
Name FLORES, JONATHAN L.  
Address 1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASSISTANT SECRETARY  
Name GOTHELF, AARON M  
Address 1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

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*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:** CHAKIRA H. GAVAZZI

**SECRETARY**

**02/27/2025**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY  
Name LAWRENCE, BRIAN  
Address 1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASSISTANT SECRETARY  
Name BOURFF , NATALIE  
Address 1375 EAST BUENA VISTA DR  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830