

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002581

**Entity Name:** GRAND VACATIONS SERVICES LLC

**Current Principal Place of Business:**

6355 METROWEST BLVD.  
SUITE 180  
ORLANDO, FL 32835

**Current Mailing Address:**

6355 METROWEST BLVD.  
SUITE 180  
ORLANDO, FL 32835 US

**FEI Number:** 27-5173651

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGEMENT COMMITTEE MEMBER  
Name           WANG, MARK  
Address        6355 METROWEST BLVD.  
                  SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title           MANAGEMENT COMMITTEE MEMBER  
Name           SOROKA, STAN  
Address        6355 METROWEST BLVD.  
                  SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title           MANAGEMENT COMMITTEE MEMBER  
Name           CORBIN, CHARLES  
Address        6355 METROWEST BLVD.  
                  SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title           CONTROLLING MEMBER  
Name           HILTON RESORTS CORPORATION  
Address        6355 METROWEST BLVD.  
                  SUITE 180  
City-State-Zip: ORLANDO FL 32835

*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:** MARK WANG

**MANAGER**

**03/26/2020**

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

\_\_\_\_\_  
Date