

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003389

**Entity Name:** MIDNIGHT COVE VACATION LLC

**Current Principal Place of Business:**

1350 GREENWOOD AVENUE  
WILMETTE, IL 60091

**Current Mailing Address:**

1350 GREENWOOD AVENUE  
WILMETTE, IL 60091 US

**FEI Number:** 20-1841145

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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           | MGRM                  | Title           | MANAGER, AUTHORIZED MEMBER |
| Name            | BERGHOFF, CARLYN A    | Name            | MCCLURE, JAMES C           |
| Address         | 1350 GREENWOOD AVENUE | Address         | 1350 GREENWOOD AVENUE      |
| City-State-Zip: | WILMETTE IL 60091     | City-State-Zip: | WILMETTE IL 60091          |

*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:** JAMES C. MCCLURE

**MANAGER**

**01/31/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date