

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000006188

**Entity Name:** CAPITAL VACATIONS RESORT MANAGEMENT II, LLC

**Current Principal Place of Business:**

9654 N KINGS HWY, STE. 101  
ATTN: GENERAL COUNSEL  
MYRTLE BEACH, SC 29572

**Current Mailing Address:**

9654 N KINGS HWY, STE. 101  
ATTN: GENERAL COUNSEL  
MYRTLE BEACH, SC 29572 US

**FEI Number: 57-0698661**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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            CEO  
Name            SHROFF, JASON K  
Address        9654 N KINGS HWY, STE. 101  
City-State-Zip: MYRTLE BEACH SC 29572

Title            P  
Name            YOUNG, WILLIAM  
Address        9654 N KINGS HWY, STE. 101  
City-State-Zip: MYRTLE BEACH SC 29572

Title            ASST. MGR  
Name            SPIRITO, DOMENIC  
Address        12007 CYPRESS RUN DR  
City-State-Zip: ORLANDO FL 32836

*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: WILLIAM YOUNG**

**PRESIDENT**

**01/14/2020**

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

\_\_\_\_\_  
Date