

**2019 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:** Yes

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

REGISTERED AGENTS INC.  
3030 N ROCKY POINT DR.  
SUITE 150A  
TAMPA, FL 33607 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**

**02/04/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date