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: PICKLES, BARRY

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: PICKLES VACATIONS LLC

4261 E. UNIVERSITY DR. #30-505 PROSPER, TX 75078

Current Mailing Address:

DOCUMENT# L21000331423

4261 E. UNIVERSITY DR. #30-505 PROSPER, TX 75078 US

FEI Number: 85-0524676

Name and Address of Current Registered Agent:

PICKLES, STEPHANIE 4261 E. UNIVERSITY DR. #30-505 PROSPER, FL 75078 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	STEPHANIE PICKLES			01/25/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	CFO	
Name	PICKLES, STEPHANIE	Name	PICKLES, BARRY	
Address	4261 E. UNIVERSITY DR. #30-505	Address	4261 E. UNIVERSITY DR. #30-505	
City-State-Zip:	PROSPER TX 75078	City-State-Zip:	PROSPER TX 75078	

Certificate of Status Desired: Yes

01/25/2023

FILED Jan 25, 2023 Secretary of State 2855246277CC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

CFO