

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000347675

**Entity Name:** CS US VACATION HOMES LLC

**Current Principal Place of Business:**

155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 US

**FEI Number:** 36-5032156

**Certificate of Status Desired:** Yes

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR, SUITE A  
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 AMBR  
Name CS INVESTMENTS US  
Address 30 N GOULD ST  
STE R  
City-State-Zip: SHERIDAN WY 82801

Title AUTHORIZED MEMBER  
Name STRICKLAND, TREVOR  
Address 47 O7A  
City-State-Zip: LOMBARDY ONTARIO K0G1L0

Title AUTHORIZED MEMBER  
Name COMEAU, BRIAN  
Address 6 B12  
City-State-Zip: LOMBARDY ONTARIO K0G1L0

*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:** TREVOR STRICKLAND

MANAGER

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date