

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000809

**Entity Name:** ANY ADVENTURE VACATIONS, LLC

**Current Principal Place of Business:**

8064 W. LLIFF LANE  
LAKEWOOD, CO 80227

**Current Mailing Address:**

8064 W. LLIFF LANE  
LAKEWOOD, CO 80227 US

**FEI Number:** 85-0783861

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVCIES, INC.  
515 EAST PARK AVENUE  
2ND FL  
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 MGR  
Name BAKUN, MICHELLE  
Address 49155 HEYWARD ST  
City-State-Zip: SHELBY TOWNSHIP MI 48317

Title MGR  
Name KOTSIFAS, REBECCA  
Address 2564 RIDDLE AVENUE  
City-State-Zip: WILMINGTON DE 19806

Title MGR  
Name BUSWELL, AMANDA  
Address 10819 LAKE WINDCREST  
City-State-Zip: MAGNOLIA TX 77354

Title MGR  
Name PETERSON, DANIELLE  
Address 8064 W. LLIFF LANE  
City-State-Zip: LAKEWOOD CO 80227

*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:** REBECCA KOTSIFAS

**CO-OWNER**

**02/07/2024**

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

\_\_\_\_\_  
Date