

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070364

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** FIRST CLASS TRAVEL CONSULTANTS, LLC.

**Current Principal Place of Business:**

8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 27-2994173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUSE, CEDRIC I  
8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CRUSE, CEDRIC I  
Address: 8219 CHESTER LAKE ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM  
Name: CRUSE, LENELLE B CRUSE  
Address: 8219 CHESTER LAKE ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR  
Name: CRUSE, RONALD E  
Address: 1205 SOUTH GALE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35228

Title: MGRM  
Name: CRUSE, MARY J  
Address: 1205 SOUTH GALE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35228

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CEDRIC I. CRUSE

MGR

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date