2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 29, 2005 8:00 am Secretary of State

| DOCUMENT # L04000025155 1. Entity Name TRAVEL BESTWAY, LLC | | | | 04-29-2005 90040 004 ****50.00 |
|---|--|--|---------------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | |
| Principal Place of Business | | - | F10 | |
| 20 ISLAND AVENUE, #518 MIAMI BEACH, FL 33139 | | 20 ISLAND AVENUE, # | | |
| MIAMI REACT | 1, FL 33139 | MIAMI BEACH, FL 331 | 39 | |
| | | | | A LERNELL COLUMNIA COLOR C |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04122005 Chg-LLC CR2E083 (10/03) |
| City & State | | City & State | | 4. FEI Number Applied For |
| | | | | 56-2458403 Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S5.00 Additional Fee Required |
| - | 6. Name and Address of Cur | rrent Registered Agent | · | 7Name and Address of New Registered Agent |
| | | | · Name | |
| SHAY, GR | ETEL | | | |
| | 20 ISLAND AVENUE, #518 | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| MIAMI BEACH, FL 33139 | | | | |
| | • | | | |
| | | | City | Zip Code |
| | | | City | FL Zip Code |
| 8. The above | named entity submits this statem | ent for the purpose of changing its | registered office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accept |
| | ions of registered agent. | | · · | |
| | | | | |
| SIGNATURE . | Signature, typed or printed name of registered | d agent and title if applicable. (NOT) | E: Registered Agent signature requ | uired when reinstating) DATE |
| | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | . " | Make check payable to |
| | | | | Florida Department of State |
| | | | • | |
| 9. MANAGING MEMBERS/MANAGERS 10 | | 10. | ADDITIONS/CHANGES | |
| TITLE | MGR | ☐ Detete | TITLE | ☐ Change ☐ Addition |
| NAME | SHAY, GRETEL | LJ Dekte | NAME | _ onlings _ , wouldn |
| STREET ADDRESS | 20 ISLAND AVENUE, #518 | | STREET ADORESS | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | CITY-ST-ZIP | |
| | INITIANI BEACH, FE 33139 | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(786) 286-9100

☐ Change

☐ Addition

Daytime Phone #