

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012906

**Entity Name:** AISLING TOURS, LLC

**Current Principal Place of Business:**

16 NE 4TH STREET SUITE  
200A  
FORT LAUDERDALE , FL 33301

**Current Mailing Address:**

16 NE 4TH STREET  
SUITE 200A  
FORT LAUDERDALE , FL 33301 US

**FEI Number:** 22-3921330

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 KILROY, JENNETTE L  
Address 16 NE 4TH STREET  
SUITE 200A  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name KILROY, DAVID P  
Address 2279 NOVA VILLAGE DRIVE  
City-State-Zip: DAVIE FL 33317

Title ST  
Name KILROY, JENNETTE L  
Address 16 NE 4TH STREET  
200A  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JENNETTE KILROY

**MANAGER**

**04/21/2014**

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

\_\_\_\_\_  
Date