

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127386

**Entity Name:** PHOENICIA VIAJES TRAVEL GROUP, LLC

**Current Principal Place of Business:**

7575 DR PHILLIPS BLVD  
SUITE 335  
ORLANDO, FL 32819

**Current Mailing Address:**

7575 DR PHILLIPS BLVD  
SUITE 335  
ORLANDO, FL 32819

**FEI Number:** 26-1689949

**Certificate of Status Desired:** No

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

YORDE, SAID  
10222 LUNDY CT  
ORLANDO, FL 32836 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 YORDE, SAID  
Address 7575 DR PHILLIPS BLVD, SUITE 335  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name YORDE, KARIM  
Address 7575 DR PHILLIPS BLVD, SUITE 335  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name YORDE, MIRNA  
Address 7575 DR PHILLIPS BLVD, SUITE 335  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name YORDE, NADIM  
Address 7575 DR PHILLIPS BLVD, SUITE 335  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name PHOENICIA VIAJES Y TURISMO, CA.  
Address AV 2 CC LAGO MALL  
NIVEL CINE  
City-State-Zip: MARACAIBO ZULIA 4002

*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:** SAID YORDE

**MANAGER**

**01/08/2014**

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

\_\_\_\_\_ Date