

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112852

**Entity Name:** AIRPORT TRANS TOURS LLC

**Current Principal Place of Business:**

1801 SOUTH TREASURE DR APT 324  
MIAMI, FL 33141

**Current Mailing Address:**

1801 SOUTH TREASURE DR APT 324  
MIAMI, FL 33141

**FEI Number:** 26-3854197

**Certificate of Status Desired:** Yes

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

SILVA, WILMER  
1801 SOUTH TREASURY DR  
APT 324  
NORTH BAY VILLAGE, FL 33141 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 VEAS, RICARDO  
Address 15981 20ST  
City-State-Zip: MIRAMAR FL 33037

Title MGRM  
Name SARMIENTO, ADOLFO  
Address 400 KINGS POINT DR APT 1520  
City-State-Zip: SUNNY ISLE BEACH FL 33160

Title MGRM  
Name GARCIA, MARCO  
Address 2660 SW 37 AVE APT 409  
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM  
Name CABARCAS, HORTENCIA  
Address 12313 NW 11 ST  
City-State-Zip: MIAMI FL 33182

Title MGRM  
Name CARVAJAL, RICARDO  
Address 160 NE 172 ST  
City-State-Zip: NORTH MIAMI FL 33162

Title MGRM  
Name HERNANDEZ, SAUL  
Address 9020 NW 8 ST APT 410  
City-State-Zip: MIAMI FL 33172

*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:** RICARDO CARVAJAL

**PRESIDENT**

**03/24/2014**

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

\_\_\_\_\_  
Date