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: DITSON ESCALANTE

Electronic Signature of Signing Authorized Person(s) Detail

ESCALANTE, DITSON H SR.

5280 NW 109 AVE

**DORAL FL 33178** 

ESCALANTE, DITSON H SR. 5280 NW 109 AVE Г

MGRM

#3

Title

Name

Address

City-State-Zip:

#3 DORAL, FL 3317	B 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:	DITSON ESCALANTE	04/30/2017		
	Electronic Signature of Registered Agent	Date		
Authorized Pe	erson(s) Detail :			

Title

Name

Address

City-State-Zip:

MGR

#3

OWNER

ESCALANTE, DILAY

5280 NW 109 AVE

**DORAL FL 33178** 

# Name and Address of Current Registered Agent:

Entity Name: TRAVELLER SOLUTION LLC

**Current Principal Place of Business:** 5280 NW 109 AVE #3 DORAL, FL 33178

5280 NW 109 AVE #3 DORAL, FL 33178 US

**Current Mailing Address:** 

### FEI Number: 80-0564850

## FILED Apr 30, 2017 Secretary of State CC5141918430

Certificate of Status Desired: No

04/30/2017