

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021160

**Entity Name:** TRAVELLER SOLUTION LLC

**Current Principal Place of Business:**

5280 NW 109 AVE  
#3  
DORAL, FL 33178

**Current Mailing Address:**

5280 NW 109 AVE  
#3  
DORAL, FL 33178 US

**FEI Number:** 80-0564850

**Certificate of Status Desired:** No

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

ESCALANTE, DITSON H SR.  
5280 NW 109 AVE  
#3  
DORAL, FL 33178 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

04/23/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	ESCALANTE, DITSON H SR.	Name	ESCALANTE, DILAY
Address	5280 NW 109 AVE #3	Address	5280 NW 109 AVE #3
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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

MGRM

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date