## 2016 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

Address

DORAL, FL 33178 US

FEI Number: 80-0564850 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ESCALANTE, DITSON H SR. 5280 NW 109 AVE

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 04/16/2016

Electronic Signature of Registered Agent Date

5280 NW 109 AVE

**PRESIDENTE** 

Authorized Person(s) Detail:

Title MGRM Title MGR

Name ESCALANTE, DITSON H SR. Name ESCALANTE, DILAY

5280 NW 109 AVE Address #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.

Electronic Signature of Signing Authorized Person(s) Detail

04/16/2016

Date

FILED Apr 16, 2016

**Secretary of State** 

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