

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070364

**Entity Name:** FIRST CLASS TRAVEL CONSULTANTS, LLC.

**Current Principal Place of Business:**

8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**FEI Number:** 27-2994173

**Certificate of Status Desired:** No

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

CRUSE, CEDRIC I  
8219 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256 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 CRUSE, CEDRIC I  
Address 8219 CHESTER LAKE ROAD NORTH  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name CRUSE, LENELLE B  
Address 8219 CHESTER LAKE ROAD NORTH  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name CRUSE, RONALD E  
Address 1205 SOUTH GALE DRIVE  
City-State-Zip: BIRMINGHAM AL 35228

Title MGRM  
Name CRUSE, MARY J  
Address 1205 SOUTH GALE DRIVE  
City-State-Zip: BIRMINGHAM AL 35228

*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:** CEDRIC I. CRUSE

**OWNER**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date