## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077835

Entity Name: CLASSIQUE TRAVEL, LLC

**Current Principal Place of Business:** 

20803 BISCAYNE BLVD SUITE 500

AVENTURA, FL 33180

**Current Mailing Address:** 

20803 BISCAYNE BLVD 500

AVENTURA, FL 33180 US

FEI Number: 45-1738132 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUED, ALFONSO 2000 ISLAND BLVD **APT 2201** AVENTURA, FL 33160 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

**FILED** Mar 01, 2018

**Secretary of State** 

CC1404946817

Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title Title AUTHORIZED MEMBER SOUED. ALFONSO Name Name KNOLL SOUED, SHOSHANA Address 2000 ISLAND BLVD SUITE 2201 Address 2000 ISLAND BLVD SUITE 2201

AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160 City-State-Zip:

Title **AUTHORIZED MEMBER** 

BEL AICH SAYEGH, CHARLES Name

Address 20803 BISCAYNE BLVD

500

City-State-Zip: AVENTURA FL 33180

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.

03/01/2018 SIGNATURE: ALFONSO SOUED MANAGER