

2015 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

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name SOUED, ALFONSO
Address 2000 ISLAND BLVD SUITE 2201
City-State-Zip: AVENTURA FL 33160

Title AUTHORIZED MEMBER
Name KNOLL SOUED, SHOSHANA
Address 2000 ISLAND BLVD SUITE 2201
City-State-Zip: AVENTURA FL 33160

Title AUTHORIZED MEMBER
Name BEL AICH SAYEGH, CHARLES
Address 2875 NE 191 ST
704
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.

SIGNATURE: ALFONSO SOUED

MGR/REG AGENT

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date