

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077835

Entity Name: CLASSIQUE TRAVEL, LLC

Current Principal Place of Business:

2875 N.E. 191 STREET
SUITE 704
AVENTURA, FL 33180

Current Mailing Address:

2875 N.E. 191 STREET
SUITE 704
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 MGRM
Name SOUED, ALFONSO
Address 2000 ISLAND BLVD SUITE 2201
City-State-Zip: AVENTURA FL 33160

Title MGRM
Name ISTURIZ, MARIA TERESA D E
Address 2525 SW 3RD AVE.
APT 801
City-State-Zip: MIAMI FL 33129

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

Title MANAGER
Name ISTURIZ, RAUL E
Address 2875 N.E. 191 STREET
SUITE 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

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date