

**2016 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 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.*

**SIGNATURE:** ALFONSO SOUED

MRG

03/09/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date