

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129086

**Entity Name:** TRAVEL EUPHORIA, LLC

**Current Principal Place of Business:**

13048 CREEKSIDE LANE  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

13048 CREEKSIDE LANE  
PORT CHARLOTTE, FL 33953 US

**FEI Number:** 27-4311039

**Certificate of Status Desired:** No

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

HIGGINS, SALLY JO  
13048 CREEKSIDE LANE  
PORT CHARLOTTE, FL 33953 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 HIGGINS, SALLY JO  
Address 13048 CREEKSIDE LANE  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** SALLY JO HIGGINS

MGRM

03/26/2019

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

\_\_\_\_\_  
Date