

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000096175

Entity Name: TRAVELINGCIO, LLC**Current Principal Place of Business:**15107 CRAGGY CLIFF STREET
TAMPA, FL 33625**Current Mailing Address:**15107 CRAGGY CLIFF STREET
TAMPA, FL 33625**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYCE, SCOTT A
15107 CRAGGY CLIFF STREET
TAMPA, FL 33625 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	BOYCE, ANGELINA C
Address	15107 CRAGGY CLIFF STREET
City-State-Zip:	TAMPA FL 33625

Title	MGRM
Name	BOYCE, SCOTT A
Address	15107 CRAGGY CLIFF STREET
City-State-Zip:	TAMPA FL 33625

Title	MGRM
Name	BOYCE, BARBARA S
Address	2008 72ND STREET NORTHWEST
City-State-Zip:	BRADENTON FL 34209

Title	MGRM
Name	BOYCE, WILLIAM A
Address	2008 72ND STREET NORTHWEST
City-State-Zip:	BRADENTON FL 34209

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: SCOTT A. BOYCE

MGRM

02/17/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date