

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045730

**Entity Name:** GO THE DISTANCE TRAVEL, LLC

**Current Principal Place of Business:**

845 SW HABITAT LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

845 SW HABITAT LANE  
PALM CITY, FL 34990 US

**FEI Number:** 45-4962032

**Certificate of Status Desired:** No

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

KRANCHICK, RALPH  
845 SW HABITAT LANE  
PALM CITY, FL 34990 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           MANAGER  
Name           KRANCHICK, RALPH  
Address        845 SW HABITAT LANE  
City-State-Zip: PALM CITY FL 34990

Title           MANAGER  
Name           KRANCHICK, MARLENE LORA  
Address        845 SW HABITAT LANE  
City-State-Zip: PALM CITY FL 34990

*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:** RALPH KRANCHICK

**TRAVEL AGENT**

**01/15/2020**

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

\_\_\_\_\_  
Date