

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000035322

**Entity Name:** CENTRAL FLORIDA TRANSTOURS, LLC

**Current Principal Place of Business:**

1931 LOST SPRING CT  
LONGWOOD, FL 32779

**Current Mailing Address:**

1931 LOST SPRING CT  
LONGWOOD, FL 32779 US

**FEI Number:** 46-2226674

**Certificate of Status Desired:** No

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

BEN OUIRANE, FOUED  
1931 LOST SPRING CT  
LONGWOOD, FL 32779 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 MGR  
Name BEN OUIRANE, FOUED  
Address 1931 LOST SPRING CT  
City-State-Zip: LONGWOOD FL 32779

*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:** BEN OUIRANE , FOUED

MGR

03/10/2015

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

\_\_\_\_\_  
Date