

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000009972

**FILED  
Feb 26, 2015  
Secretary of State  
CC0251577415**

**Entity Name:** TRAVEL PLUS INTERNATIONAL LLC

**Current Principal Place of Business:**

10640 NW 27TH ST  
SUITE #202  
MIAMI, FL 33172

**Current Mailing Address:**

10640 NW 27TH ST  
SUITE #202  
MIAMI, FL 33172 US

**FEI Number:** 46-4593618

**Certificate of Status Desired:** No

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

BRICENO, MARIA  
3300 NE 191 STREET  
UNIT 1104  
MIAMI, FL 33180 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 BRICENO, MARIA  
Address 3300 NE 191 STREET, UNIT 1104  
City-State-Zip: MIAMI FL 33180

Title MGR  
Name ALVAREZ, DOMINGO  
Address 3300 NE 191 STREET, UNIT 1104  
City-State-Zip: MIAMI FL 33180

Title MGR  
Name BOCCARDO, YONE  
Address 20281 E COUNTRY CLUB DR  
City-State-Zip: MIAMI FL 33180

Title AMBR  
Name GONZALEZ, CARMEN  
Address 1864 SILVERBELL TER  
City-State-Zip: WESTON FL 33327

*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:** MARIA BRICENO

**MGR**

**02/26/2015**

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

\_\_\_\_\_  
Date