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: STEPHEN R GARRETT

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

	Title	AMBR	Title	AMBR
	Name	GARRETT, STEPHEN	Name	SOCANDER, CLAUDIU
	Address	1371 SAMANTHA CIRCLE E	Address	4870 DEER LAKE DRIVE E
	City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32246
	Title	AMBR		
	Title Name	AMBR DOSTER, RON		
	Name	DOSTER, RON		

Certificate of Status Desired: No

FILED Mar 14, 2017 Secretary of State CC2414619230

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000109842

Entity Name: TRAVEL ESOLUTIONS, LLC

Current Principal Place of Business:

1371 SAMANTHA CIRCLE E JACKSONVILLE, FL 32218

Current Mailing Address:

1371 SAMANTHA CIRCLE E JACKSONVILLE. FL 32218

FEI Number: 47-1423756

Name and Address of Current Registered Agent:

GARRETT, STEPHEN R 1371 SAMANTHA CIRCLE E JACKSONVILLE, FL 32218 US

Date

DIRECTOR OF

03/14/2017

OPERATIONS