

**2015 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

**Certificate of Status Desired:** No

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

GARRETT, STEPHEN R  
1371 SAMANTHA CIRCLE E  
JACKSONVILLE, FL 32218 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 AMBR  
Name GARRETT, STEPHEN  
Address 1371 SAMANTHA CIRCLE E  
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR  
Name SOCANDER, CLAUDIU  
Address 4870 DEER LAKE DRIVE E  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name DOSTER, RON  
Address 9388 TRAMORE GLEN CT  
City-State-Zip: JACKSONVILLE FL 32256

*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

**PARTNER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date