

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000109842

**Entity Name:** TRAVEL ESOLUTIONS, LLC

**Current Principal Place of Business:**

9388 TRAMORE GLEN COURT  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9388 TRAMORE GLEN COURT  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-1423756

**Certificate of Status Desired:** No

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

NICHOLS, ESTHER CPA  
1635 EAGLE HARBOR PKWY  
STE 4  
FLEMING ISLAND, FL 32003 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:** ESTHER NICHOLS CPA

03/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SOCANDER, CLAUDIU  
Address 8540 HOMEPLACE DR  
APT 4201  
City-State-Zip: JACKSONVILLE FL 32256

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:** CLAUDIU SOCANDER

MBR

03/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date