

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000130269

**Entity Name:** THE CORNERSTONE TRAVEL AGENCY LLC

**Current Principal Place of Business:**

3020 NE 41 TERRACE  
SUITE 314  
HOMESTEAD, FL 33033

**Current Mailing Address:**

3020 NE 41 TERRACE  
SUITE 314  
HOMESTEAD, FL 33033 US

**FEI Number:** 81-3200728

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, ALBERT J  
3020 NE 41 TERRACE  
SUITE 314  
HOMESTEAD, FL 33033 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	MANAGER, AUTHORIZED MEMBER	Title	MANAGER, AUTHORIZED MEMBER
Name	RAFFORD, ALLAN W	Name	RODRIGUEZ, ALBERT J
Address	3020 NE 41 TERRACE SUITE 314	Address	3020 NE 41 TERRACE SUITE 314
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033
Title	MANAGER, AUTHORIZED MEMBER		
Name	RAFFORD, LILIA		
Address	3020 NE 41 TERRACE SUITE 314		
City-State-Zip:	HOMESTEAD FL 33033		

*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:** ALBERT J RODRIGUEZ

**MANAGER, AUTHORIZED MEMBER** 04/30/2017

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