

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000192722

**Entity Name:** FLYTRAVEL SOLUTIONS LLC

**Current Principal Place of Business:**

2049 S OCEAN DR  
504E  
HALLANDLE BCH, FL 33009

**Current Mailing Address:**

2049 S OCEAN DR  
504E  
HALLANDLE BCH, FL 33009 US

**FEI Number:** 82-2815647

**Certificate of Status Desired:** No

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

NAIMAN, DEMIAN  
2049 S OCEAN DR  
504E  
HALLANDLE BCH, FL 33009 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 GUATRI, GUSTAVO A  
Address 2049 S OCEAN DR  
504E  
City-State-Zip: HALLANDLE BCH FL 33009

Title MGR  
Name CITRINOVITZ, CRISTIAN A  
Address 2049 S OCEAN DR  
504E  
City-State-Zip: HALLANDLE BCH FL 33009

*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:** GUATRI GUSTAVO

**MANAGER**

**06/08/2020**

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

\_\_\_\_\_  
Date