

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000536334

**Entity Name:** SHAE TRAVELS, LLC

**Current Principal Place of Business:**

1201 BUSINESS WAY  
1241  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

PO BOX 1241  
LEHIGH ACRES, FL 33970

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, SHIRLARIAN  
1201 BUSINESS WAY  
1241  
LEHIGH ACRES, FL 33936 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 WILLIAMS, SHIRLARIAN  
Address PO BOX 1241  
City-State-Zip: LEHIGH ACRES FL 33970

*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:** SHIRLARIAN WILLIAMS

**OWNER**

**03/22/2024**

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

\_\_\_\_\_  
Date