## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000477195

**Entity Name: TRAVELSXTIFFANY LLC** 

Current Principal Place of Business:

4629 SW 8TH PL

APT B CAPE CORAL, FL 33914

## **Current Mailing Address:**

4629 SW 8TH PL APT B CAPE CORAL, FL 33914 US

FEI Number: 99-2266682 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RIBON, TIFFANY P 4629 SW 8TH PL APT B CAPE CORAL, FL 33914 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

FILED Apr 22, 2024

**Secretary of State** 

5970645609CC

## Authorized Person(s) Detail:

Title AR

Name RIBON, TIFFANY P
Address 4629 SW 8TH PL APT B
City-State-Zip: CAPE CORAL FL 33914

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.

04/22/2024