

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROPRIATE
FILE
03 JUL 17 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

GULF SOUTH TRAVEL RELATED SERVICES CO., L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Gulf South Travel Related Services

3. Mailing Address

Gulf South Travel Related Services

Suite, Apt. #, etc.

650 Poydras Street, Suite 1400

Suite, Apt. #, etc.

1925 St. Bernard Avenue

City & State

New Orleans, Louisiana

City & State

New Orleans, Louisiana

4. FEI Number

72-1495171

Applied For

Not Applicable

Zip

70130

Country

USA

Zip

70116

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ms. Dorothy M. David

Street Address (P.O. Box Number is Not Acceptable)

7805 Greenshire Drive

City Tampa

FL

Zip Code
33634

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

R. A. McLeod, MGR.
2236 Kildeer Street
New Orleans, Louisiana 70122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500015025535
04/01/03--01039--006 **200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Leon R. Fulton, MGR.
5721 Wright Road
New Orleans, Louisiana 70128

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Robert L. Lucien, Sr. MGR
2648 Banks Street
New Orleans, Louisiana 70119

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E083B (12/01)