L01000003765

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT

DOCUMENT # L01000003765

1. Entity Name

Amerinter Travel LLC

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TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2638 N. Orange Blossom Trail	2638 N. Orange Blossom	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Kissimmee, FL	City & State: Kissimmee, FL	4. FEI Number: 59-3702347 ☐ Applied For ☐ Not Applicable
Zip: 34744 Country	Zip: 34744 Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ricardo H. Hernandez

Street Address (P.O. Box Number is Not Acceptable): 1703 Destiny Blvd. #101

City: Kissimmee FL Zip Code: 34741

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: Ricardo H. Hernandez

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	(PID) Ricardo H. Hernandez 1703 Destiny Blvd. #101 Kissimmee, FL 34741
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(RP) Maria B. Lonigro 1703 Destiny Blvd. #101 Kissimmee, FL 34741
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Giovanna Bornero De Lonigro 1703 B. Lonigro Blvd. #101 Kissimmee, FL 34741
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(O) Rina B. Lonigro 1703 B. Lonigro Blvd. #101 Kissimmee, FL 34741
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DK

CR2E083B (12/01)

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: Ricardo H. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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(2)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 50.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **AMERINTER TRAVEL, LLC**

Thank you for your courtesy in this matter.

Ricardo H. Hernandez

RICARDO H.HERNANDEZ
PRESIDENT