2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)				Apr 10, 2002 8:00 am Secretary of State	
DOCUMENT # L0100007075 1. Entity Name PLORIDA TRAVEL PASSPORT, LLC				03-20-2002 90005 034 ****55.00	
Principal Place of Business 4501 VINELAND ROAD SUITE 108 ORLANDO FL 32811		Mailing Address 4501 VINELAND ROAD SUITE 108 ORLANDO FL 32811		23266	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4 FEI Number 3732704 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6Name and Address of Curre	t Registered Agent:	Name	THE	
VAN HOVE, WILLIAM 4501 VINELAND ROAD SUITE 108 ORLANDO FL 32811			Street	Street Address (P.O. Box Number is Not Acceptable)	
			City	City FL Zip Code	
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 tife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
		FILE N Make Check Po	OWIII FEE IS	IS \$50.00 partment of State	
9.	MANAGING MEME		10. TITLE	ADDITIONS/CHANGES M G R M Change	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	William Van Hove 8221 Lake Serene Or 071ando Fl 32836	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cotherine L. Bezerie	
TITLE -		Oeleta	- TITLE ·	Change Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESS Change Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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 of trustee emportance this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:					