

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009533

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** A-Z TRAVEL, LLC

**Current Principal Place of Business:**

3300 BONITA BEACH RD  
#126  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

3300 BONITA BEACH RD  
#132  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3300 BONITA BEACH RD  
#126  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

3300 BONITA BEACH RD  
#132  
BONITA SPRINGS, FL 34134

**FEI Number:** 59-3732104

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

WIEBEL, HENNELLS & CARUFE, PA  
9240 BONITA BEACH RD  
#3305  
BONITA SPRINGS, FL 34135 US

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

WIEBEL, HENNELLS & CARUFE, PA  
9420 BONITA BEACH RD  
SUITE 200  
BONITA SPRINGS, FL 34135 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:

04/19/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WITTER, AMANDA  
Address: 8900 BRIGHTON LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: AMANDA WITTER

MGR

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date