	2 UNIFORM BUS	INESS REP	ORI	(ARK)			•	
DOCU	JMENT # L01000	012404						
1. Entity Name  NEWMAN & ASSOCIATES TRAVEL, LLC						FILED		
						03 MAR	-5 AM 8: 33	
ſ	ace of Business	Mailing Address	alling Address			SECRETARY OF STATE		
690 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957		690 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957				SECHETARY OF STATES TALLAHASSEET FLORIDA		
					11	FARREN ARK BANGK NIJIK BANKI AAN	) 	BA!!! A(A) (AB)
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 N	lumber	<b>─</b>	Applied For	
Zip	Country	Zip	Coun	itry	5. Certi	ficate of Status Desired	□ \$5.00 A	
	6. Name and Address of Current	Registered Agent		Name	7. Name	e and Address of New I	Fee Requiregistered Agent	red
	VMAN, PAUL E N.E. JENSEN BEACH BLVD.				20 (DO Day A)		<del></del>	
	ISEN BEACH FL 34957			Sileet Addres	SS (P.O. BOX N	umber is Not Acceptable	9) ,	
			,	City	· i	<del>-</del>	FL Zip Co	de l
8. The above	e named entity submits his statement for tions of registered agent.	r the purpose of changing	its registere	ed office or regis	stered agent, o	or both, in the State of Flo		
SIGNATURE	Banlow-						2.27.03	Ì
	Signature, typed or printed name of registered agent a			Agent signature requ	7	ng)	DATE	
	V	FILE Make Check		FEE IS \$50.0 o Departmen				
9.	MANACINIO MEMORI	Due	By Septe	mber 25, 200				}
TITLE	MANAGING MEMBER	RS/MANAGERS  Delete	10. TITLE	-		ADDITIONS	CHANGES Change	Addition
NAME STREET ADDRESS	NEWMAN, PAUL E		NAME				Change	Augilion
CITY-ST-ZIP	690 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957			T ADDRESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS		500010	Edotae	
TITLE		☐ Delete	CITY-:	ST-ZIP	<del></del>	500013 <del>3/05/03 -0109</del>	<del>5005_**</del> 20	000
NAME STREET ADDRESS	ا دین میارم دی <del>امی</del>	L Delete	NAME	-	-		∐ Change	☐ Addition
CITY-ST-ZIP			STREE CITY-S	T ADDRESS   ST-ZIP				
TITLE NAME		☐ Delete	TITLE	-			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET	F ADDRESS				
CITY-ST-ZIP			CITY-S	,				}
TITLE   NAME		☐ Delete	TITLE	1	2		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS	h.	.1		ĺ
TITLE		☐ Delete	TITLE	77 211	(/5f	1	Change	☐ Addition
NAME STREET ADDRESS			NAME Street	ADDRESS	1			
CITY-ST-ZIP	matif. Al. A al.		CITY-S	T-ZIP				
indicated of limited liab	ertify that the information supplied with the on this report is true and accurate and the illity company or the receiver or trustee e	nis filing does not qualify fo at my signature shall have	the exemp	ption stated in S egal effect as if	Section 119.07 made under o	(3)(i), Florida Statutes. I ath; that I am a managi	urther certify that the in	formation of the
		owered to execute this	report as re	equired by Chap	pter 608, Florid	da Statutes.	. ,	
SIGNAT	URE: FORMER AND TOP OF PRINTER MANUEL SIGNATURE SIGNATURE AND TOP OF PRINTER MANUEL SIGNATURE SI	HE REQUI	IRED			2.27.03		
	SIGNATURE AND TYPED OR PRINTED NAME OF S	IUNING MANAGING MEMBER, MA	NAGER, OR AL	JTHORIZED REPRES	BENTATIVE	Date	Daytime Phone #	<del>-</del>