2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007842

1. Entity Name

NOA TOURS LLC



FILED Sep 23, 2003 8:00 am Secretary of State

09-23-2003 90024 024 ****55.00

				A THE					
Principal Plac	ce of Business	Mailing Address		l	=				
2804 SPRING MEADOW DR. PLANT CITY FL 33567		2804 SPRING MEADOW DR PLANT CITY FL 33567	ì.						
						U OBIOD NIGH BANK GÓNA	Ba isi Ba sii Aa ii	1 466 1 4 14 6 1	918 (4 9 1 4 99)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip Country		Zip - Country		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	Registered Agent	l .		7. Name and	Address of New R				
BRA	UN, LORETTA			Name			- g. c. c. c. c.	30	
2804	SPRING MEADOW DR NT CITY FL 33567			Street Address (P.O. Box Number is Not Acceptable)					
				City			. =	Zip Cod	le .
				·		•	FL	1 '	
the obligat	named entity submits this statement foilons of registered agent,			ed office or register		, in the State of Flor	rida. I am fa	ımiliar with,	and accept
1	1.51	mil = 1/	344111 2	EE 10 650 00			_		
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department							
		3 -		nber 24, 2003	nt of State				
			2ehren	IDEI 24, 2003					
9.	MANAGING MEMBE		10.			ADDITIONS/			
TITLE	MGRM RRAUM CERUARD	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	Braun, Gerhard 2804 Spring Meadow Dr		NAME	ET ADDRESS					
CITY-ST-ZIP	PLANT CITY FL 33567			ST-ZIP					ĺ
TITLE	1 2441 011 1 2 00001	☐ Delete	TITLE					☐ Change	Addition
NAME		Delete	NAME					Change	Addition
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TITLE		☐ Delete	TITLE			-	/	Change	☐ Addition
NAME		. *	NAME	l l					
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				ST-ZIP					
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STREET ADDRESS			STREE	T ADDRESS					
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME CTREET ADDRESS			NAME	1					j
STREET ADDRESS CITY-ST-ZIP		•		T ADDRESS ST-ZIP					
·	ortify that the information assetted ""	thin filling days and 1971			-8	El 11 Aug			
тт. тпетеру с	ertify that the information supplied with	inis illing goes not qualify for	THE EXEM	antion stated in Se	ction 119 07/31/i)	Florida Statutae 1:	turther certif	v that the ir	tormation

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 rusted 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

Da

Daytime Phone #