

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 012 ****50.00

DOCUMENT # L02000008005



1. Entity Name
TAKEMEONVACATION TRAVEL, LLC

Principal Place of Business
**550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441**

Mailing Address
**550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441**



2. Principal Place of Business
6400 N. ANDREWS AVE.

3. Mailing Address
6400 N. ANDREWS AVE.

Suite, Apt. #, etc.
SUITE 280

Suite, Apt. #, etc.
SUITE 280

04212004 Chg-LLC CR2E083 (10/03)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE FL

4. FEI Number
02-0596135

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GELET, PAMELA
550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6400 N. ANDREWS AVE. - SUITE 280

City
FT. LAUDERDALE

FL

Zip Code
33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHEEHAN, KEVIN M
550 FAIRWAY DR #107
DEERFIELD BEACH, FL 33441** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GELET, PAMELA
550 FAIRWAY DR, #107
DEERFIELD BEACH, FL 33441** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**6400 N. ANDREWS AVE. - SUITE 280
FT. LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**6400 N. ANDREWS AVE. - SUITE 280
FT. LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAMELA GELET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/04 954-776-4606
Date Daytime Phone

Ext. 105