2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

04-28-2003 90084 003 ****50.00

DOCUMENT # L02000008005

1. Entity Name
TAKEMEONVACATION TRAVEL, LLC

44002943

Principal Place of Business	Mailing Address
2900 GATEWAY DR. POMPANO BEACH FL 33069	2900 GATEWAY DR. POMPANO BEACH FL 33069

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
550 FAIRWAY DR.	550 FAIRWAY DR.
Suite, Apt. #, etc.: #107	Suite, Apt. #, etc.: #107
City & State: DEERFIELD BEACH, FL	City & State: DEERFIELD BEACH, FL
Zip: 33441 / Country: USA	Zip: 33441 / Country: USA

4. FEI Number: 02-0596135 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMUELS, LEONARD K ESQ BERGER & SINGERMAN, P.A. 350 E. LAS OLAS BLVD., STE. 1000 FT. LAUDERDALE FL 33301	Name: PAMELA GELET Street Address (P.O. Box Number is Not Acceptable): 550 FAIRWAY DR #107 City: DEERFIELD BEACH FL Zip Code: 33441

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: MANAGER PAMELA GELET 4-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MEM NAME: KEVIN M. SHEEHAN STREET ADDRESS: 550 FAIRWAY DR. #107 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: PAMELA GELET STREET ADDRESS: 550 FAIRWAY DR. #107 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE TYPED PAMELA GELET MANAGER 4-24-03 954 429 1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)