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

44002943

DOCUMENT # L02000008005

1. Entity Name
TAKEMEONVACATION TRAVEL, LLC

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

SAMUELS, LEONARD K ESQ
BERGER & SINGERMAN, P.A.
350 E. LAS OLAS BLVD., STE. 1000
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 [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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CR2E083 (10/02)

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