

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90009 045 \*\*\*\*\*50.00

DOCUMENT # L02000013912



1. Entity Name  
EARTHMARK TRAVEL, LLC

Principal Place of Business  
2250 AVENIDA DEL VERA  
NORTH FT. MYERS, FL 33917

Mailing Address  
2250 AVENIDA DEL VERA  
NORTH FT. MYERS, FL 33917

44045000



2. Principal Place of Business

3. Mailing Address

12800 UNIVERSITY DR

12800 UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

SUITE 400

City & State

City & State

FORT MYERS, FL

FORT MYERS, FL

Zip

Country

Zip

Country

33907

USA

33907

USA

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
72-1527756

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

CALLAHAN, W. SCOTT  
37 NORTH ORANGE AVENUE, SUITE 200  
C/O STUMP STOREY & CALLAHAN, P.A.  
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

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 MGRM ☐ Delete  
NAME EARTHMARK COMPANIES, LLC  
STREET ADDRESS 550 MAMARONECK AVENUE, SUITE 505  
CITY-ST-ZIP HARRISON, NY 10528

TITLE MGR ☐ Delete  
NAME CORDELLO, DOUG  
STREET ADDRESS 2250 AVEIDA DE VERA  
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME 12800 University Dr., Ste 400  
STREET ADDRESS Fort Myers, FL 33907  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 12800 University Dr., Ste 400  
STREET ADDRESS Fort Myers, FL 33907  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #