

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90273 032 \*\*\*138.75

**DOCUMENT # L03000002744**

1. Entity Name  
TRAVEL SDC, LLC



Principal Place of Business  
12000 BISCAYNE BLVD  
SUITE 608  
MIAMI, FL 33181

Mailing Address  
12000 BISCAYNE BLVD  
SUITE 608  
MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #

FLORIDA

3. Mailing Address

1832 SPRUCE CREEK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD

01222008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

PORT ORANGE, FL

4. FEI Number

06-1674958

Applied For

Not Applicable

Zip

Country

Zip

32128

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R  
297 SUNNY ISLES BOULEVARD  
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name JOSE AGUIRRE

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

1835 US1 SOUTH 19 STE A46335

City ST AGUSTINE

FL

Zip Code 32084

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

01-22-2008

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME AGUIRRE, JOSE PST  
STREET ADDRESS 12000 BISCAYNE BLVD SUITE 608  
CITY-ST-ZIP MIAMI, FL 33181

TITLE MGR ☐ Delete  
NAME VANDEWOUW, DAVE VPST  
STREET ADDRESS 2085 IXORA ROAD  
CITY-ST-ZIP N MIAMI, FL 33181

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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 exemptions contained in Chapter 119, 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

3/28/08

Date

954-288-9146

Daytime Phone #