


FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90022 041 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000015192 1. Entity Name BOULEVRD TRAVEL LLC			
Principal Place of Business 6217-3 BAY CLUB DR. FT. LAUDERDALE, FL 33308		Mailing Address 6217-3 BAY CLUB DR. FT. LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Expires <input type="checkbox"/> 01-078 1339		Applied For <input type="checkbox"/> 04152004 Crg-LLC CR2E003 (10/00)	
5. Certificate of Status Expires <input type="checkbox"/> 01-078 1339		Applied For <input type="checkbox"/> 04152004 Crg-LLC CR2E003 (10/00)	
6. Name and Address of Current Registered Agent SHAFAGH, FARIDEN 6217-3 BAY CLUB DR. FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent 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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.071(3)(a), 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 member or trustee empowered to execute this report as required by Chapter 601, Florida Statutes.			
SIGNATURE: _____		4/06/05 954-491-5220	

Division of Corporations

Annual Report

Document Number

L03000015192

Business Entity Name

BOULEVRD TRAVEL LLC

FEI Number

010781339

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$5.00 each

Principal Place of Business

Address

6217-3 BAY CLUB DR.

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33308

Mailing Address

Address

6217-3 BAY CLUB DR.

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33308

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SHAFAGH

FARIDEH

-or- RA Business Name

Address

6217-3 BAY CLUB DR.

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

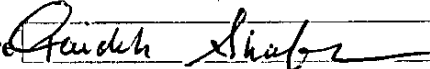
Zip Code & Country

33308

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

20029856
#L03000015192

Managing Member/Manager Name And Address

Title (MGR or MGRM)
Name (Last, First, Middle, Title) SHAFAGH FARIDEH
-or- Entity Name
Street Address 6217-3 BAY CLUB DRIVE
City, State FORT LAUDERDALE FL
Zip Code & Country 33308

Title (MGR or MGRM)
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title (MGR or MGRM)
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title (MGR or MGRM)
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title (MGR or MGRM)
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

20029856
#103000015192

Title (MGR or MGRM)
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title
Managing Member/Manager Signature

The individual "signing" this document affirms that the facts stated herein are true.

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