

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90004 046 \*\*\*\*50.00

**DOCUMENT # L03000024473**

1. Entity Name

TRAVEL ENTERPRISES, LLC



Principal Place of Business

12002 DORADO DRIVE  
NORTHPORT FL 34287

Mailing Address

12002 DORADO DRIVE  
NORTHPORT FL 34287

2. Principal Place of Business

3512 US Hwy 41N

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Zip  
34221

Country

Manatee

Zip

Country

4. FEI Number

32-0084891

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

EDWARDS, SHERYL A  
1800 SECOND STREET, SUITE 720  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Emil Dudko

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

12002 DORADO DR

City

North Port

FL

Zip Code

34287

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME DUDKO, EMIL  
STREET ADDRESS 12002 DORADO DRIVE  
CITY-ST-ZIP NORTHPORT FL 34287 ☐ Delete

TITLE MGRM  
NAME DUDKO, MARY  
STREET ADDRESS 12002 DORADO DRIVE  
CITY-ST-ZIP NORTHPORT FL 34287 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

Emil Dudko - MGRM 4/30/04 941-722-7761