

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042910

FILED
Jun 15, 2009
Secretary of State

Entity Name: SIT IN MY SEATS AND TRAVEL TOO, LLC

Current Principal Place of Business:

417 EAST SHERIDAN STREET
STE 297
DANIA, FL 33004

New Principal Place of Business:

1835 E HALLANDALE BEACH BLVD.
#430
HALLANDALE BEACH, FL 33009

Current Mailing Address:

417 EAST SHERIDAN STREET
STE 297
DANIA, FL 33004

New Mailing Address:

1835 E HALLANDALE BEACH BLVD.
#430
HALLANDALE BEACH, FL 33009

FEI Number: 11-3721438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, LISA
1383 HARBOR VIEW EAST
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: PICARIELLO-CRAWFORD, LISA
Address: 1383 HARBOR VIEW EAST
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: LIEBERMAN, LAURA
Address: 2100 NE 199 STREET
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA CRAWFORD

PRES

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date