

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90590 019 \*\*\*\*50.00

**DOCUMENT # L04000092995**

1. Entity Name  
**ODIN TRAVEL SERVICES, LLC**



Principal Place of Business  
**12357 SW 121 TERRACE  
MIAMI, FL 33186**

Mailing Address  
**12357 SW 121 TERRACE  
MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**13-4292407**

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

**JOHNSON, JANET L  
12357 SW 121 TERRACE  
MIAMI, FL 33186**

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, 2005**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RASMUSSEN, JOHN V	
STREET ADDRESS	11054 SW 148TH PLACE	
CITY - ST - ZIP	MIAMI, FL 33196	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, JANE S	
STREET ADDRESS	11054 SW 148TH PLACE	
CITY - ST - ZIP	MIAMI, FL 33196	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, JANET L	
STREET ADDRESS	12357 SW 121 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, KENT D	
STREET ADDRESS	11054 SW 148TH PLACE	
CITY - ST - ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

*Janet L. Johnson*

**3/9/05 305-235-5336**