2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000092995

1. Entity Name
ODIN TRAVEL SERVICES, LLC

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

DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC CR2E083 (11/05)

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

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RASMUSSEN, JOHN V
STREET ADDRESS	11054 SW 148TH PLACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	MGRM
NAME	JOHNSON, JANE S
STREET ADDRESS	11054 SW 148TH PLACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	MGRM
NAME	JOHNSON, JANET L
STREET ADDRESS	12357 SW 121 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGRM
NAME	JOHNSON, KENT D
STREET ADDRESS	11054 SW 148TH PLACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H06000435357
04/21/06-80007-006 50.00

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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: _____ Janet L. Johnson 4/4/06 305-235-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #