

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055561

FILED
Feb 16, 2009
Secretary of State

Entity Name: CADC TRAVEL & SERVICES, LLC

Current Principal Place of Business:

6900 SUNRISE TERRACE
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

8926 SW 129TH ST
MIAMI, FL 33176uy

New Mailing Address:

6900 SUNRISE TERRACE
CORAL GABLES, FL 33133

FEI Number: 20-2953485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTERCOMP PROFESSIONAL SERVICES INC
%SUELI CORREA
17375 COLLINS AVENUE STE 1702
SUNNY ISLES BEACH, FL 33160 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: MGRM () Delete
Name: DECARLI, CARLOS A
Address: 6900 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 33133

Title: MGRM () Delete
Name: DECARLI, CARLA F
Address: 6900 SUNRISE TERRACE
City-St-Zip: CORAL GABLES, FL 33133

Title: S () Delete
Name: CORREA, SUELI
Address: 17375 COLLINS AVENUE APT 1702
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

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

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: SUELI CORREA

S

02/16/2009

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