

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026239

Entity Name: TRAVELSTORIES, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

34723 MISSIONARY RD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677
DADE CITY, FL 33526

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAIR, RACHEL L MRS.
34723 MISSIONARY RD
DADE CITY, FL 33525 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: MGR () Delete
Name: MCNAIR, RACHEL L MRS.
Address: 34723 MISSIONARY RD
City-St-Zip: DADE CITY, FL 33525

Title: MGRM () Delete
Name: MCNAIR, JOEL C MR.
Address: 34723 MISSIONARY RD
City-St-Zip: DADE CITY, FL 33525

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: RACHEL MCNAIR

MGR

01/15/2009

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