

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90027 019 \*\*\*138.75

**DOCUMENT # L06000065667**

1. Entity Name  
TRAVEL MEDICINE INTERNATIONAL, L.L.C.



Principal Place of Business  
6710 W. SUNRISE BLVD.  
C/O MICHAEL LOSS  
PLANTATION, FL 33313

Mailing Address  
6710 W. SUNRISE BLVD.  
C/O MICHAEL LOSS  
PLANTATION, FL 33313

**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-8980158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KAHN, ROBERT M *ESQ*  
SHOOSTER KAHN & KLEIMAN  
777 SOUTH STATE RD 7  
MARGATE, FL 33068

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOSS, MICHAEL R  
6710 WEST SUNRISE BLVD SUITE 110  
PLANTATION, FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*APR 23, 2008*

Date

*854. 244-8093*

Daytime Phone #