FILED
Jul 24, 2008 8:00 am
Secretary of State
06-06-2008 90104 002 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000106345

1. Entity Name
RUSH TRAVEL SERVICES LLC

Principal Place of Business	Mailing Address
5443 ADAMS MORGAN WAY NEW PORT RICHEY, FL 34653	5443 ADAMS MORGAN WAY NEW PORT RICHEY, FL 34653
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06052008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5818874 ☐ 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
VERRENGIA, NICHOLAS 5443 ADAMS MORGAN WAY NEW PORT RICHEY, FL 34653	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] 6/24/08
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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	VERRENGIA, NICHOLAS	
STREET ADDRESS	5443 ADAMS MORGAN WAY	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	MGRM	☐ Delete
NAME	VERRENGIA, THERESA	
STREET ADDRESS	5443 ADAMS MORGAN WAY	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 7/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #