

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120563

FILED  
Sep 04, 2008  
Secretary of State

**Entity Name:** XPRESS SUN TRAVEL, LLC

**Current Principal Place of Business:**

15934 CUTTER COURT  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15934 CUTTER COURT  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 20-8029360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TROIANO, JOSEPH A  
12800 UNIVERSITY DRIVE  
FORT MYERS, FL 33907      US

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: TROIANO, JOSEPH A  
Address: 12800 UNIVERSITY DRIVE STE 380  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM      ( ) Delete  
Name: BRATT GROUP, LLC,  
Address: 15934 CUTTER COURT  
City-St-Zip: FORT MYERS, FL 33908

**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: JOSEPH A. TROIANO

MGR

09/04/2008

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