

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097702

FILED
Mar 25, 2008
Secretary of State

Entity Name: TOURS BREAK AWAY, LLC

Current Principal Place of Business:

16558 NE 26 AVE
APARTMENT 5I
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

16558 NE 26 AVE
APARTMENT 5I
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 26-1133679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OJEDA, ROSA
16558 NE 26 AVE
APARTMENT 5I
NORTH MIAMI 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: OJEDA, ROSA
Address: 16558 NE 26 AVE APARTMENT 5I
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: TERRITORIALE, MELINDA
Address: 16558 NE 26 AVE APARTMENT 5I
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

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: ROSA OJEDA

MGRM

03/25/2008

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