

L08000036929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

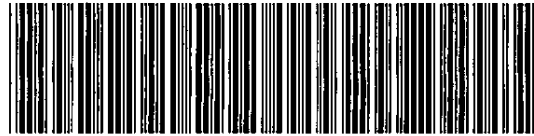
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160839278

09/21/09--01011--025 **25.00

FILED
09 SEP 21 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA TRAVEL EXPRESS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN SANTAELLA
Name of Person
PASAN INVESTMENT, INC
Firm/Company
2310 W WATERS AV STE D
Address
TAMPA, FL 33604-2757
City/State and Zip Code
INFO@PASAN-SERVICES.COM
E-mail address: (to be used for future annual report notification)

FILED
09 SEP 21 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUAN SANTAELLA at (813) 849-2878
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NONE	NONE	NONE	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

09 SEP 21 PM 2:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated SEPTEMBER 18, 2009

Jorge A Cifuentes

Signature of a member or authorized representative of a member

JORGE CIFUENTES (MGRM)

Typed or printed name of signee