

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112852

FILED
Sep 17, 2009
Secretary of State

Entity Name: AIRPORT TRANS TOURS LLC

Current Principal Place of Business:

1801 SOUTH TREASURE DR APT 324
MIAMI, FL 33141

New Principal Place of Business:

Current Mailing Address:

1801 SOUTH TREASURE DR APT 324
MIAMI, FL 33141

New Mailing Address:

FEI Number: 26-3854197 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:

RODRIGUEZ, ANDRES
141 NE 3RD AVE STE 406
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

RODRIGUEZ, ANDRES
150 SE 2ND AVE
SUITE 1110
MIAMI, FL 33131 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:

09/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VEAS, RICARDO
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: HERRERA, EDGAR
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: GARCIA, LUCERO
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: CABARCAS, HORTENCIA
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: CARVAJAL, RICHARDO
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

Title: MGRM () Delete
Name: HERNANDEZ, SAUL
Address: 1801 SOUTH TREASURE DR APT 324
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICARDO VEAS

P

09/17/2009

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