

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009376

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** CM TOURS AND TRAVEL LLC

**Current Principal Place of Business:**

18570 NW 22 CT  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18570 NW 22 CT  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

18331 PINES BLVD.  
SUITE 131  
PEMBROKE PINES, FL 33029

**FEI Number:** 26-4149619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANON, CARL  
18570 NW 22 CT  
PEMBROKE PINES, FL 33029 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: PRES  
Name: SANON, CARL  
Address: 18570 NW 22 CT  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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: CARL SANON

PRES

02/16/2010

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