

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020816

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** CORA SIMPSON TRAVEL PROFESSIONAL, LLC

**Current Principal Place of Business:**

4505 MEADOWLAND DR.  
MT. DORA, FL 323757

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27  
PLYMOUTH, FL 327680027

**New Mailing Address:**

**FEI Number:** 26-4839890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMPSON, CORA L  
4505 MEADOWLAND DR.  
MT. DORA, FL 323757 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: MGR  
Name: SIMPSON, CORA L  
Address: 4505 MEADOWLAND DR.  
City-St-Zip: MT. DORA, FL 323757

Title: MGRM  
Name: SIMPSON, MATTHEW P  
Address: 4505 MEADOWLAND DR.  
City-St-Zip: MT. DORA, FL 323757

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: CORA L. SIMPSON

MGR

04/12/2010

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