

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030783

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** AXIS TRAVEL, LLC

**Current Principal Place of Business:**

1059 GLYNEA RD.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1059 GLYNEA RD.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

1059 GLYNEA RD.  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-4688043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOTEN, DEREK B  
1059 GLYNLEA RD.  
JACKSONVILLE, FL 32216 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  
Name: WOOTEN, MISHA E  
Address: 1059 GLYNLEA RD.  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM  
Name: DEREK, WOOTEN B  
Address: 1059 GLYNLEA RD.  
City-St-Zip: JACKSONVILLE, FL 32216 US

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:** DEREK WOOTEN

MGRM

03/11/2010

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