

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000049497

**Entity Name:** ADAPTUR TRAVEL LLC

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

3821 SW CRARY ST  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8819221  
PORT ST LUCIE, FL 34988

**New Mailing Address:**

3821 SW CRARY ST  
PORT ST LUCIE, FL 34953

**FEI Number:** 46-4525857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEAL, DEBORA  
3821 SW CRARY ST  
PORT ST LUCIE, FL 34953 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: DEBORA LEAL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: LEAL, DEBORA G  
Address: 3821 SW CRARY ST  
City-St-Zip: PORT ST LUCIE, FL 34953

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DEBORA LEAL

PRES

10/01/2014

Electronic Signature of Authorized Person

Date