

L24000252103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

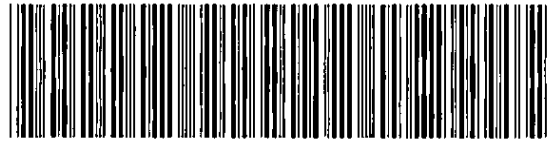
(Business Entity Name)

(Document Number)

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Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

September 30, 2024

I am writing to formally request an update to the registered address and mailing address for Roxy Global Travel, LLC. Please find the details of the change below:

Current Address on File:

11109 Grant Drive
Port Richey, FL 34668

New Registered Address:

Roxy Global Travel, LLC
1317 Edgewater Dr #183
Orlando, FL 32804

New Mailing Address: (same)

Roxy Global Travel, LLC
1317 Edgewater Dr #183
Orlando, FL 32804

I kindly ask that you update your records accordingly and confirm receipt of this request. Should you require any further information or documentation to process this update, please do not hesitate to contact me at (813) 400-5539 or via email at rlupu@roxyglobaltravel.com.

Thank you for your prompt attention to this matter.

Roxana Lupu

Lic. # TI116195

Licensed Independent Travel Agent

(813) 400-5539
(727) 967-6041
rlupu@roxyglobaltravel.com
www.roxyglobaltravel.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roxy Global Travel, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxana LUPU
Name of Person

Roxy Global Travel, LLC
Firm/Company

1317 Edgewater DR. #183
Address

Orlando, FL 32804
City/State and Zip Code

rlupu@roxyglobaltravel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxana LUPU at (727) 967-6041
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy