

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 045 ****50.00

DOCUMENT # L99000007962 ✓

1. Entity Name

P.L. USA TOURS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Pembroke Pines, Broward
Suite, Apt. #, etc.
15999 SW 13th Street

3. Mailing Address

15999 SW 13th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines

City & State

Pembroke Pines

4. FEI Number

650991195

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Edwin Lorse

Street Address (P.O. Box Number is Not Acceptable)

15999 SW 13th Street

City Pembroke Pines

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

8. 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

4-16-2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
Edwin Lorse
STREET ADDRESS 15999 SW 13th Street
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

4-16-02 954-441-6590

CR2E083B (12/01)