

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123473

Entity Name: XPERTISE CRUISE TRAVEL & VACATIONS, LLC

Current Principal Place of Business:

8604 ARDENWOOD CT.
TRINITY, FL 34655

Current Mailing Address:

PO BOX 1113
ODESSA, FL 33556 US

FEI Number: 20-4017760

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STANGE, KERRY W
8604 ARDENWOOD CT.
TRINITY, FL 34655 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	STANGE, KERRY W	Name	STANGE, NANCYLEE
Address	8604 ARDENWOOD CT.	Address	8604 ARDENWOOD CT.
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KERRY WENDELL STANGE

PRESIDENT & CEO

04/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date