

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036320

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC0946662221**

**Entity Name:** FIRST COAST TRAVEL INTERNATIONAL, LLC

**Current Principal Place of Business:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

3600 PORT JACKSONVILLE PARKWAY  
JACKSONVILLE, FL 32226

**FEI Number:** 26-4721851

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MADONNA CUDDIHY, ASSISTANT SECRETARY

03/13/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP, COO
Name	CAMPION, JOHN J	Name	ANDERSON, LAURENCE
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
Title	CFO	Title	S
Name	MARTINEZ, ANDREW	Name	LIST, STEVEN
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
Title	T	Title	ASST. SECRETARY
Name	SEE, BENJAMIN	Name	KING, CHRISTOPHER
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226
Title	SR. VP - BUSINESS DEV.	Title	SR. VP - OPERATIONS
Name	RICH, BRIAN	Name	MUNRO, LEE
Address	3600 PORT JACKSONVILLE PARKWAY	Address	3600 PORT JACKSONVILLE PARKWAY
City-State-Zip:	JACKSONVILLE FL 32226	City-State-Zip:	JACKSONVILLE FL 32226

*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:** STEVEN LIST

**SECRETARY**

03/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date