

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090570

Entity Name: MY FANTASY TOURS LLC

Current Principal Place of Business:

7879 PINES BLVD, SUITE 108
PEMBROKE PINES, FL 33024

Current Mailing Address:

7879 PINES BLVD, SUITE 108
PEMBROKE PINES, FL 33024 US

FEI Number: 27-0961546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ, DIANA P
9158 ORCHID TREE LANE
PEMBROKE PINES, FL 33024 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
Name GOMEZ, DIANA P
Address 9158 ORCHID TREE LANE
City-State-Zip: PEMBROKE PINES FL 33024

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: DIANA GOMEZ

MGR

03/08/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date