

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151803

Entity Name: HALF PRICE MIAMI TOURS, LLC

Current Principal Place of Business:

1657 WASHINGTON AVE
MIAMI BEACH, FL 33139

Current Mailing Address:

1657 WASHINGTON AVE
MIAMI BEACH, FL 33139 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLU, RAMUEL
1657 WASHINGTON AVE
MIAMI BEACH, FL 33139 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 MGR
Name FLU, RAMUEL
Address 1657 WASHINGTON AVE
City-State-Zip: MIAMI BEACH FL 33139

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: RAMUEL FLU

MANAGING MEMBER

02/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date