

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000129105

Entity Name: DEPART TRAVEL MANAGEMENT LLC

Current Principal Place of Business:

275 NE 18 ST
MIAMI, FL 33132

Current Mailing Address:

275 NE 18 ST
MIAMI, FL 33132 US

FEI Number: 82-1939632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINEDA, PAOLA
275 NE 18 ST
MIAMI, FL 33132 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 PINEDA, PAOLA MGRM
Address 275 NE 18 ST
City-State-Zip: MIAMI FL 33132

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: PAOLA PINEDA

OWNER

03/06/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date