

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000045693

**Entity Name:** ADID TRAVEL LLC

**Current Principal Place of Business:**

7345 W SAND LAKE RD,  
SUITE 311  
ORLANDO, FL 32819

**Current Mailing Address:**

7345 W SAND LAKE RD,  
SUITE 311  
ORLANDO, FL 32819 US

**FEI Number:** 38-4061940

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 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            AMBR  
Name            F TRIVILLIN NEUBERN, ANDREZA  
Address        PRACA NAMI JAFET 55 APT 4053  
City-State-Zip: SAO PAULO SP 04205--050

Title            AMBR  
Name            L NEUBERN DE SOUZA, ALEXANDER  
Address        PRACA NAMI JAFET 55 APT 4053  
City-State-Zip: SAO PAULO SP 04205--050

*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:** F TRIVILLIN NEUBERN , ANDREZA

AMBR

02/27/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date