

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000358765

**Entity Name:** IMMERSIVE TRAVEL LLC

**Current Principal Place of Business:**

7686 WOODLEY TERRACE  
THE VILLAGES, FL 34762

**Current Mailing Address:**

7686 WOODLEY TERRACE  
THE VILLAGES, FL 34762 US

**FEI Number:** 85-3835671

**Certificate of Status Desired:** No

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

SPOHN, SHARON  
7686 WOODLEY TERRACE  
THE VILLAGES, FL 34762 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 SPOHN, SHARON  
Address 7686 WOODLEY TERRACE  
City-State-Zip: THE VILLAGES FL 34762

Title MGR  
Name SPOHN, MICHAEL  
Address 7686 WOODLEY TERRACE  
City-State-Zip: THE VILLAGES FL 34762

*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:** SHARON SPOHN

**MANAGER**

**01/23/2025**

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

\_\_\_\_\_  
Date