

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000534794

**Entity Name:** TAKE A BREAK TRAVEL, LLC

**Current Principal Place of Business:**

6400 N ANDREWS AVE, #340  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6400 N ANDREWS AVE, #340  
FORT LAUDERDALE, FL 33309 US

**FEI Number: 58-2680379**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           SHEEHAN, KEVIN M  
Address        6400 N ANDREWS AVE, #340  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           VP  
Name           MALONEY, JOHN  
Address        6400 N ANDREWS AVE, #340  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           VP  
Name           CRANE, TRACY  
Address        6400 N ANDREWS AVE, #340  
City-State-Zip: FORT LAUDERDALE FL 33309

*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: JOHN MALONEY**

**VICE PRESIDENT**

**02/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date