LONG BRANC	,			
Current Ma	iling Address:			
PO BOX 16				
PARLIN, N.	J 08859 US			
FEI Number: 87-3807008			Certificate of Status Desired: Yes	
Name and /	Address of Current Registered Agent:			
	ND AMBR			
4 MAXINE DR	H, FL 07740 US			
4 MAXINE DR	H, FL 07740 US			
4 MAXINE DR LONG BRANC	H, FL 07740 US d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Fi	orida.
4 MAXINE DR LONG BRANC		ng its registered office or regis	tered agent, or both, in the State of Fi	orida. 02/07/2024
4 MAXINE DR LONG BRANC	d entity submits this statement for the purpose of changin	ng its registered office or regis	tered agent, or both, in the State of Fi	
4 MAXINE DR LONG BRANC The above name SIGNATURI	d entity submits this statement for the purpose of changin E: EDMOND ERANI	ng its registered office or regist	tered agent, or both, in the State of Fl	02/07/2024
4 MAXINE DR LONG BRANC The above name SIGNATURI	d entity submits this statement for the purpose of changin E: EDMOND ERANI Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Fi	02/07/2024
4 MAXINE DR LONG BRANC The above name SIGNATURI Authorized	d entity submits this statement for the purpose of changin E: EDMOND ERANI Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			02/07/2024
4 MAXINE DR LONG BRANC The above name SIGNATURI Authorized Title	d entity submits this statement for the purpose of changin E: EDMOND ERANI Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	02/07/2024

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: EDMOND ERANI

PARTNER

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L21000506382

## Entity Name: A&E EXCURSIONS LLC

## **Current Principal Place of Business:**

4 MAXINE DR LONG BRANCH, NJ 07740 FILED Feb 07, 2024 Secretary of State 0429254515CC

Date