

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065604

**Entity Name:** TREASURE COAST TAXI SERVICE LLC

**Current Principal Place of Business:**

1040 SE LETHA CIRCLE, #4  
STUART, FL 34994

**Current Mailing Address:**

1040 SE LETHA CIRCLE, #4  
STUART, FL 34994 US

**FEI Number:** 42-2460466

**Certificate of Status Desired:** No

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

GREENWOOD, JOHN  
1040 SE LETHA CIRCLE, #4  
STUART, FL 34994 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 GREENWOOD, JOHN  
Address 12298 FLORIDA AVENUE  
City-State-Zip: STUART FL 34994

*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 GREENWOOD

**OWNER**

**01/08/2014**

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

\_\_\_\_\_  
Date