#### 2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000021653

Entity Name: FLY CAB, LLC.

**FILED** Oct 13, 2014 **Secretary of State** CC2443087223

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

6612 MISSION CLUB BLVD.

APT, 104

ORLANDO, FL 32821

# **Current Mailing Address:**

6612 MISSION CLUB BLVD. APT. 104 ORLANDO, FL 32821 US

FEI Number: 46-5365203 Certificate of Status Desired: No

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

LABIAKH, LAYACHI 6612 MISSION CLUB BLVD. APT. 104 ORLANDO, FL 32821 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: LAYACHI LABIAKH 10/13/2014

> Electronic Signature of Registered Agent Date

### Authorized Person(s) Detail:

**PRESIDENT** Title

Name LABIAKH, LAYACHI

6612 MISSION CLUB BLVD. Address

APT. 104

City-State-Zip: ORLANDO FL 32821

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: LAYACHI LABIAKH

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

10/13/2014 Date