**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**May 01, 2015**
**Secretary of State**
**CC9501509846**

DOCUMENT# L13000040713

**Entity Name:** ORANGE TAXI CAB LLC

**Current Principal Place of Business:**

5321 FAIRMONT STREET
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5321 FAIRMONT STREET
JACKSONVILLE, FL 32207 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

ASGHAR, AHMED SHAFA MOHAMMAD
5321 FAIRMONT STREET
JACKSONVILLE, FL 32207 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: AHMED SHAFA MOHAMMAD ASGHAR 05/01/2015

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | AUTHORIZED MEMBER |
| Name | JAVED, DAWOOD | Name | ASGHAR, AHMED SHAFA MUHAMMAD |
| Address | 5321 FAIRMONT STREET | Address | 5321 FAIRMONT ST. |
| City-State-Zip: | JACKSONVILE FL 32207 | City-State-Zip: | JACKSONVILLE FL 32207 |

*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: DAWOOD JAVED MANAGEING MEMBER 05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date