

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000095698

Entity Name: MY DRIVER LLC

Current Principal Place of Business:

950 NW 141ST AVENUE
PEMBROKE PINES, FL 33082

Current Mailing Address:

PO BOX 825885
PEMBROKE PINES, FL 33082

FEI Number: 46-4013672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANCELOR, CHRISTOPHER N
950 NW 141ST AVENUE
PEMBROKE PINES, FL 33028 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 PRES
Name CHANCELOR, CHRISTOPHER N
Address PO BOX 825885
City-State-Zip: PEMBROKE PINES FL 33082

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: CHRISTOPHER CHANCELOR

PRES

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date