#### 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: VICTOR RIVAS

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

RIVAS, VICTOR 3900 N HAVERHILL RD. UNIT 221403 WEST PALM BEACH, FL 33422 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

#### Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title
Name	RIVAS, MICHELLE	Name
Address	3900 N HAVERHILL RD. UNIT 221403	Address
City-State-Zip:	WEST PALM BEACH FL 33422	City-State-Zip:

Entity Name: ALL STAR LIMOUSINES OF PALM BEACH LLC

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

3900 N HAVERHILL RD. UNIT 221403 WEST PALM BEACH, FL 33422

#### **Current Mailing Address:**

3900 N HAVERHILL RD. UNIT 221403 WEST PALM BEACH, FL 33422 US

#### FEI Number: 81-3797872

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L16000168460

# Mar 18, 2017 CC9975049411

Certificate of Status Desired: Yes

Electronic Signature of Signing Authorized Person(s) Detail

Date

AUTHORIZED MEMBER

3900 N HAVERHILL RD.

AUTHORIZED MEMBER

WEST PALM BEACH FL 33422

**RIVAS, VICTOR** 

UNIT 221403

FILED Secretary of State