

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000218585

**Entity Name:** CALL A RIDE SENIOR & DISABLE TRANSPORTATION LLC

**Current Principal Place of Business:**

4711 RUTHENIA ROAD  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

4711 RUTHENIA ROAD  
TALLAHASSEE, FL 32305 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JONES, AARON A  
4711 RUTHENIA ROAD  
TALLAHASSEE, FL 32305 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	MGR	Title	AMBR
Name	JONES, AARON A	Name	JONES, TORINA
Address	4711 RUTHENIA ROAD	Address	4711 RUTHENIA ROAD
City-State-Zip:	TALLAHASSEE FL 32305	City-State-Zip:	TALLAHASSEE FL 32305

*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:** TORINA JONES

AMBR

04/30/2024

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

\_\_\_\_\_ Date