

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014510

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** THE JORDAN CAB COMPANY, L.L.C.

**Current Principal Place of Business:**

10850 N.W. 27TH ST. #1-A  
MIAMI, FL 33172

**New Principal Place of Business:**

10850 N.W. 27TH ST. #1-A  
DORAL, FL 33172

**Current Mailing Address:**

10850 N.W. 27TH ST. #1-A  
MIAMI, FL 33172

**New Mailing Address:**

10850 N.W. 27TH ST. #1-A  
DORAL, FL 33172

**FEI Number:** 52-2279620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HKE&F REGISTERED AGENT CORP.  
2601 S. BAYSHORE DR., STE. 600  
MIAMI, FL 33133 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUNDY, ALLEN  
Address: 1850 N.W. 27TH ST.  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: TERRELL, VIVIANE  
Address: 11570 SW 98 STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUNDY, ALLEN  
Address: 10850 N.W. 27TH ST.  
City-St-Zip: DORAL, FL 33172

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALLEN LUNDY

MGRM

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date