2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000007856

1. Entity Name

WHEELCHAIR TAXI SERVICE, L.L.C.



Principal Place of Business

7411 114 AVE N

309 LARGO, FL 33773 Mailing Address

7411 114 AVE N

309

LARGO, FL 33773

Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90157 005 ***138.75

50004746



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3718927

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756

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8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE_								
,	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE					
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS		•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHEELCHAIR TRANSPORT SERVICE, INC. 7411 114 AVE N # 309 LARGO, FL 33773							
TITLE NAME STREET ADORESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOTA	WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PACE					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: