

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007856

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** WHEELCHAIR TAXI SERVICE, L.L.C.

**Current Principal Place of Business:**

7411 114 AVE N  
# 309  
LARGO, FL 33773

**New Principal Place of Business:**

7381 114TH AVE N.  
# 401B  
LARGO, FL 33773

**Current Mailing Address:**

7411 114 AVE N  
# 309  
LARGO, FL 33773

**New Mailing Address:**

7381 114TH AVE N.  
# 401B  
LARGO, FL 33773

**FEI Number:** 59-3718927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, JOHN M  
7411 114TH AVE N.  
SUITE 309  
LARGO, FL 33773 US

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

WILLIAMS, JOHN M  
7381 114TH AVE N.  
SUITE 401B  
LARGO, FL 33773 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: JON M. WILLIAMS

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WHEELCHAIR TRANSPORT SERVICE, INC.  
Address: 7381114 AVE N # 401B  
City-St-Zip: LARGO, FL 33773

I hereby 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: JOHN M. WILLIAMS

P

04/21/2010

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