

**2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 26, 2004  
Secretary of State**

DOCUMENT# L03000035266

Entity Name: ALL COUNTY CAB & TRANSPORTATION, LLC

**Current Principal Place of Business:**

1293 WEST SHASTA  
WESTCHESTER DR. W.  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

1293 WEST SHASTA  
WESTCHESTER DR. W.  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 51-0483133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CEUS, PIERRELA  
Address: 1293 WEST SHASTA WESTCHESTER DR W  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CEUS PIERRELA

MGRM

10/26/2004

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