

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 036 \*\*\*\*50.00

**DOCUMENT # L03000040047**

1. Entity Name  
**HOT SCOOTER RENTALS, L.L.C.**



Principal Place of Business  
**4800 W. PARK ROAD  
HOLLYWOOD, FL 33021**

Mailing Address  
**4800 W. PARK ROAD  
HOLLYWOOD, FL 33021**

**24050268**



2. Principal Place of Business

**2908 E. Sunrise Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-LLC CR2E083 (10/03)

City & State

**Ft. Lauderdale FL**

City & State

4. FEI Number

**80-0079439**

Applied For

Not Applicable

Zip

**33304**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**URSO, GIUSEPPE  
4800 W. PARK ROAD  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name  
**URSO Giuseppe**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **A**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
URSO, GIUSEPPE  
4800 W. PARK ROAD  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
URSO, GABRIELLA  
4800 W. PARK ROAD  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #