

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000041982

Entity Name: ALTITUDE LIMOUSINE, LLC

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

220 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 US

## **New Principal Place of Business:**

218 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 US

## **Current Mailing Address:**

220 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 US

## **New Mailing Address:**

218 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 US

FEI Number: 51-0516833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENGELHARDT, LAURA  
220 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 US

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

ENGELHARDT, LAURA  
218 CHANNEL DRIVE  
UNIT 3  
TAMPA, FL 33606 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:

04/24/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ENGELHARDT, LAURA  
Address: 218 CHANNEL DRIVE UNIT 3  
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM  
Name: ORY, RON  
Address: 131 HICKORY CREEK DRIVE  
City-St-Zip: BRANDON, FL 33511

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: LAURA ENGELHARDT

MGRM

04/24/2010

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