

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90439 001 \*\*\*100.00

**DOCUMENT # L04000087542**

1. Entity Name  
**CLEARWATER YELLOW CAB, LLC**



Principal Place of Business  
**1700 FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409**

Mailing Address  
**PO BOX 431  
PALM BEACH, FL 33480**

**30002885**



2. Principal Place of Business  
**16991 US 19 North**  
Suite, Apt. #, etc.

3. Mailing Address  
**16991 US 19 North**  
Suite, Apt. #, etc.

03012005 Chg-LLC CR2E083 (10/03)

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number  
**20-1973623**

Applied For  
Not Applicable

Zip  
**33764**

Country  
**USA**

Zip  
**33764**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAKER, DAVID H  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33409**

**7. Name and Address of New Registered Agent**

Name  
**Thomas Gahan**

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

**16991 US 19 North**

City  
**Clearwater**

**FL**

Zip Code  
**33764**

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

**Thomas Gahan**

**3/24/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
**MGR** ☐ Delete  
NAME  
**MEATHE, CULLAN F**  
STREET ADDRESS  
**645 GRISWOLD**  
CITY-ST-ZIP  
**DETROIT, MI 48226**

**10. ADDITIONS / CHANGES**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**16991 US 19 North  
Clearwater, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition  
TITLE  
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TITLE  
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☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

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

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 employed 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

**Cullan F. Meathe**

Date

Daytime Phone #

**3/25/05**