

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052520

Entity Name: METRO CAB, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

16991 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

24957 BREST ROAD
TAYLOR, MI 48180

New Mailing Address:

16991 US 19 NORTH
CLEARWATER, FL 33764

FEI Number: 20-2991775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GAHAN, THOMAS
16991 US 19 NORTH
CLEARWATER, FL 33764 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/MANAGERS:

Title: MGR () Delete
Name: MEATHE, CULLAN F
Address: 645 GRISWOLD STREET, SUITE 2202
City-St-Zip: DETROIT, MI 48226

Title: MGR () Delete
Name: RET, DANIEL
Address: 24957 BREST ROAD
City-St-Zip: TAYLOR, MI 48180

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS R GAHAN

RA

07/05/2007

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