

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 034 ****50.00

DOCUMENT # L05000055995

1. Entity Name

ORLANDO, TRANSPORTATION & OTHER SERVICES, LLC



Principal Place of Business
5173 LAZY LAKE CIRCLE
ORLANDO FL 32821

Mailing Address
5173 LAZY LAKE CIRCLE
ORLANDO FL 32821



2. Principal Place of Business

5173 LAZY LAKE CR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

ORLANDO, FL

City & State

4. FEI Number

20-2324663

Applied For

Not Applicable

Zip

32821

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AFTAB, AHMED
5173 LAZY LAKE CIRCLE
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME AFTAB, AHMED
STREET ADDRESS 5173 LAZY LAKE CIRCLE
CITY - ST - ZIP ORLANDO FL 32821

TITLE MGRM ☐ Delete
NAME KIMBELL, PHYLLIS
STREET ADDRESS 5173 LAZY LAKE CIRCLE
CITY - ST - ZIP ORLANDO FL 32821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

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

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

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Phyllis S Kimbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/21/06 407-414-8894
Date Daytime Phone #