2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Rosetta Carey-Jones

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

DOCUMENT # L05000070878

1. Entity Name
PROTEGE LIMOUSINE SERVICE, LLC



FILED Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90111 026 ****55.00

08/02/2006

(407) 889-2401

						7				
Principal Place of Business			Mailing Address							
343 LAKE HILL PLACE APOPKA, FL 32703 US			343 LAKE HILL PLACE APOPKA, FL 32703 US							
2 Principal P	lace of Busin	1800	3. Mailing Address							
2. Principal Place of Business			J. Maining Address				88181 81111 88111 3 811 881	<u> </u>	81 f8ff1 f8884 181	881 III 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08012006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Numbe	0 1512			plied For t Applicable
Zip	Country		Zip	Country			of Status Desired	×	\$5.00 Add Fee Required	itional
6. Name and Address of Current R						7. Name and Address of New Registered Agent				
CAREV IC	NES DO	NCETTA .			Name					
CAREY-JONES, ROSETTA 343 LAKE HILL PLACE APOPKA, FL 32703					Street Address (P.O. Box Number is Not Acceptable)					
			*	*						
			\$ 3 ,	City			FL	Zip Code	9	
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										
Signature, types of printed name or registered agent and titles applicable. (NOTE: registered Agent signature required when reinstanting)										
Filing Fee is \$50.00 Due by September 6, 2006								te check pa a Departme	ayable to ent of State	
9.	_	MANAGING MEMBI	ERS/MANAGERS	10.	·		ADDITIONS	/CHANGES	·	
TITLE	MGR	IONEO DOCETTA	☐ Delete TITLI		1				☐ Change	☐ Addition
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CITY-ST-ZIP		, FL 32703			Y-ST-ZIP					
TITLE			☐ Delete	TITL	1				☐ Change	☐ Addition
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CITY-ST-ZIP					Y-ST-ZIP		•			1
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NAME			NAME							
STREET ADDRESS CITY-ST-ZIP	ļ				REET ADDRESS Y-ST-ZIP					
11. I hereby	certify that th	e information supplied wit	h this filing does not qualify fo	or the exe	emptions containe	ed in Chapter 119,	Florida Statutes. I f	urther certify	that the info	rmation
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.										