

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011095

FILED  
Jul 06, 2008  
Secretary of State

Entity Name: LUXURY SEDAN SERVICE LLC

**Current Principal Place of Business:**

4903 PELICAN BLVD  
CAPECORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

4903 PELICAN BLVD  
CAPECORAL, FL 33914

**New Mailing Address:**

FEI Number: 87-0760451      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:**

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

MCDEVITT, VIRGINIA A  
4903 PELICAN BLVD  
CAPE CORAL, FL 33914      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCDEVITT, VIRGINIA  
Address: 4903 PELICAN BLVD  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR      ( ) Delete  
Name: MCDEVITT, ROBERT J  
Address: 4903 PELICAN BLVD  
City-St-Zip: CAPE CORAL, FL 33914 US

**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: VIRGINIA MCDEVITT

OWNE

07/06/2008

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