

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 15 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000071360

1. Limited Liability Company's Name

Independent Pedicab Company, LLC

000163364970  
12/07/09--01003--017 \*\*238.75  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1420 N. Orange Blossom Trail

Suite, Apt. #, etc.

3. Mailing Office Address

5 East King St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

City & State

Orlando, FL

Zip

32804

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

7-18-06

6. FEI Number

7 20-5224163

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Stephanie Hill

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

2019 Montana St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

000163364970  
12/16/09--01005--001 \*\*138.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-6-09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Stephanie Hill	2019 Montana St.	Orlando, FL 32803
Mgr	Stephen Hill	200 Agnes Ct Apt. 17	Orlando, FL 32801
Mgr	James Hyde	2116 Three Trees Court #201	Orlando, FL 32807
Mgr	Nicholas Adleman	5 East King St.	Orlando, FL 32804

**REINSTATEMENT 2008-09 JB**

11. E-mail Address: bike-taxi-pros@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 11-6-09

Daytime Phone # 321-438-0484

Typed or printed name of signing Managing Member/Manager

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FILED

09 DEC 15 AM 8:03

FLORIDA DEPARTMENT OF STATE  
Division of Corporations SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 9, 2009

INDEPENDENT PEDICAB COMPANY, LLC  
5 EAST KING ST.  
ORLANDO, FL 32804

SUBJECT: INDEPENDENT PEDICAB COMPANY, LLC  
Ref. Number: L06000071360

We have received your document for INDEPENDENT PEDICAB COMPANY, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 409A00037519