

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000087806

1. Entity Name
SUPER YELLOW CAB, LLC



FILED
08 JAN 10 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5446 RIVER PLANTATION ROAD
GREENACRES, FL 33463

Mailing Address
5446 RIVER PLANTATION ROAD
GREENACRES, FL 33463

2. Principal Place of Business - No P.O. Box #
3700 GEORGIA AVE

3. Mailing Address



12192007 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State
West Palm Beach

City & State

Country
Florida Palm Beach

Zip
33405

Country

4. FEI Number
16-1774300

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANCOUL, PIERRE C
5446 RIVER PLANTATION ROAD
GREENACRES, FL 33463

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

see below

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CANCOUL, PIERRE C
STREET ADDRESS 3484 CHICKA MANGA AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

☐ Delete

TITLE MGRM
NAME GAY, ERNST
STREET ADDRESS 5446 RIVER PLANTATION ROAD
CITY-ST-ZIP GREENACRES, FL 33463

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200113554742
01/02/08--01038--005 **150.00

TITLE
NAME
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☐ Change ☐ Addition

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:

PIERRE.C.CANCOUL

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

Date

Daytime Phone #

12-27-2007

REINSTATEMENT