

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038580

Entity Name: TRANSIT CABS, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

1333 NW 29 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1333 NW 29 STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 20-8807034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VENDRELL, JULIO A  
1333 NW 29 STREET  
MIAMI, FL 33142 US

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

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: MGRM ( ) Delete  
Name: TRANSIT HOLDINGS, LLC  
Address: 9300 SOUTH DADELAND BLVD., SUITE 603  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: VENDRELL, JULIO A  
Address: 1410 SW 4TH STREET APT #7  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRANSIT HOLDINGS, LLC  
Address: 2100 PONCE DE LEON BLVD. SUITE#1000  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition  
Name: VENDRELL, JULIO A  
Address: 2100 PONCE DE LEON BLVD. SUITE#1000  
City-St-Zip: CORAL GABLES, FL 33134

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: VENDRELL JULIO A.

MGR

04/28/2009

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