

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072696

FILED
Mar 03, 2009
Secretary of State

Entity Name: ESQUIRE LIMOUSINE SERVICE "LLC"

Current Principal Place of Business:

DOUGLAS L. IKONEN
4236 MOSS OAK PLACE
SARASOTA, FL 34231

New Principal Place of Business:

DOUGLAS L. IKONEN
1872 PHILLIPPI SHORES DR. 14B
SARASOTA, FL 34231

Current Mailing Address:

DOUGLAS L. IKONEN
4236 MOSS OAK PLACE
SARASOTA, FL 34231

New Mailing Address:

DOUGLAS L. IKONEN
1872 PHILLIPPI SHORES DR. 14B
SARASOTA, FL 34231

FEI Number: 51-0645329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IKONEN, DOUGLAS L
4236 MOSS OAK PLACE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

IKONEN, DOUGLAS L
1872 PHILLIPPI SHORES DR. 14B
SARASOTA, FL 34231 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:

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IKONEN, DOUGLAS L
Address: 4236 MOSS OAK PLACE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IKONEN, DOUGLAS L
Address: 1872 PHILLIPPI SHORES DR. 14B
City-St-Zip: SARASOTA, FL 34231

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: DOUGLAS IKONEN

MGR

03/03/2009

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