

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090890

FILED
May 01, 2009
Secretary of State

Entity Name: ESKORT LIMOUSINE SERVICE, LLC.

Current Principal Place of Business:

8218 HIGHGATE DR
JACKSONVILLE, FL 32216

New Principal Place of Business:

2956 CAPTIVA BLUFF RD. SOUTH
JACKSONVILLE, FL 32226

Current Mailing Address:

8218 HIGHGATE DR
JACKSONVILLE, FL 32216

New Mailing Address:

2956 CAPTIVA BLUFF RD. SOUTH
JACKSONVILLE, FL 32226

FEI Number: 26-0844210 **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:

FRAGA, CELINA B
8218 HIGHGATE DR
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

FRAGA, CELINA C MS.
2956 CAPTIVA BLUFF RD. SOUTH
JACKSONVILLE, FL 32226 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: CELINA C. FRAGA

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRAGA, CELINA B
Address: 8218 HIGHGATE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: FRAGA, CELINA C
Address: 8218 HIGHGATE DR
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRAGA, CELINA B MS.
Address: 300 SW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Change () Addition
Name: FRAGA, CELINA C MS.
Address: 2956 CAPTIVA BLUFF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32226

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: CELINA C. FRAGA

MGRM

05/01/2009

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