

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107237

FILED
Aug 31, 2011
Secretary of State

Entity Name: VETERAN CAB LLC

Current Principal Place of Business:

5264 NW CR 229
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

5264 NW CR 229
STARKE, FL 32091

New Mailing Address:

FEI Number: 06-1828443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JAMES F
5264 NW CR 229
STARKE, FL 32091 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: JAMES F JONES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JONES, JAMES F
Address: P O BOX 1354
City-St-Zip: STARKE, FL 32091

Title: MGRM
Name: JONES, STACY
Address: P O BOX 1354
City-St-Zip: STARKE, FL 32091

Title: MGRM
Name: WILLIAMS, TRICIA M
Address: P O BOX 1354
City-St-Zip: STARKE, FL 32091

I hereby 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: JAMES F JONES

MGR

08/31/2011

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