

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063555

FILED
Apr 29, 2009
Secretary of State

Entity Name: BEST SERVICE TAXI PROMOTIONS, LLC

Current Principal Place of Business:

860 ROBIN CT.
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

860 ROBIN CT.
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 26-2982661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

FERGUSON, MARGARET A PRES
860 ROBIN CT
MARCO ISLAND, FL 34145 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: MARGARET A FERGUSON

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERGUSON, MARGARET A
Address: 860 ROBIN CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM () Delete
Name: VENEGAS, WILLIAM
Address: 860 ROBIN CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERGUSON, MARGARET A P
Address: 860 ROBIN CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM (X) Change () Addition
Name: VENEGAS, WILLIAM VP
Address: 860 ROBIN CT.
City-St-Zip: MARCO ISLAND, FL 34145 US

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: MARGARET A FERGUSON

PRES

04/29/2009

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