

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110410

Entity Name: CABBIES CAB, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

800 14TH STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 129  
HORSE SHOE, NC 28742

**New Mailing Address:**

800 14TH ST.  
KEY WEST, FL 33040

FEI Number: 26-3959768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNELL, ANDY  
1315 20TH TER  
KEY WEST, FL 33040 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: P/D  
Name: GUTTMAN, DARREN  
Address: 3 ALLAMANDA TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: V/D  
Name: GUTTMAN, KAREN  
Address: 800 CATHERINE ST.  
City-St-Zip: KEY WEST, FL 33040

Title: S/T  
Name: GUTTMAN, ELI D  
Address: 800 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

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: ELI D. GUTTMAN

S/T

04/28/2012

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