

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # L09000039604

1. Entity Name

*YELLOW CAB OF MIAMI LLC*



11 MAY 24 PM 4:24

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

*1735 NE 142 ST*

3. Mailing Address

*1735 NE 142 ST*

Suite, Apt. #, ect.

*AA*

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

4. FEI Number

Applied For

Not Applicable

Zip

*33181*

Country

*USA*

Zip

*33181*

Country

*USA*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6.

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*A.M.G. GROUP, INC*

Street Address (P.O. Box Number is Not Acceptable)

*1735 NE 142 ST*

City

*MIAMI*

FL

Zip Code

*33181*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

*5/19/11*

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

*DAWDD@AMGGROUP.US*

To be used for future annual report notices

9.

MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*P-V-P-S-TR  
A.M.G. GROUP, INC  
1735 NE 142 ST  
MIAMI, FL 33181*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

300207202579  
05/04/11--01011--025 \*\*\*150.00

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IN THIS SPACE**

*1/SP  
5/24*

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*5/19/11 7862297861*

Date

Daytime Phone