

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029138

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** CITY CAB OF SARASOTA LLC

**Current Principal Place of Business:**

1760 N. EAST AVE  
SUITE B3  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1760 N. EAST AVE  
SUITE B3  
SARASOTA, FL 34234

**New Mailing Address:**

2311 DELAMERE CT.  
VALRICO, FL 33596

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WOCHNIK, JURGEN A  
1760 N. EAST AVE  
SUITE B3  
SARASOTA, FL 34234 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:** MGRM  
**Name:** WOCHNIK, JURGEN A  
**Address:** 1760 N. EAST AVE  
**City-St-Zip:** SARASOTA, FL 34234

**Title:** MGRM  
**Name:** ZAHAR, JESSICA L  
**Address:** 2311 DELAMERE CT  
**City-St-Zip:** VALRICO, FL 33596

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:** JESSICA ZAHAR

MGRM

04/10/2012

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