

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000107459

Entity Name: ACCESSIBLE TAXI LLC

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4532 W. KENNEDY BV.  
#129  
TAMPA, FL 33609

**New Principal Place of Business:**

3217 AZALEA BLOSSOM DR.  
PLANT CITY, FL 33567

**Current Mailing Address:**

4532 W. KENNEDY BV.  
#129  
TAMPA, FL 33609

**New Mailing Address:**

3217 AZALEA BLOSSOM DR.  
PLANT CITY, FL 33567

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JEAN, WESNER  
4532 W. KENNEDY BV.  
#129  
TAMPA, FL 33609 US

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

JEAN, WESNER  
3217 AZALEA BLOSSOM DR.  
PLANT CITY, FL 33567 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: WESNER JEAN

10/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JEAN, WESNER  
Address: 3217 AZALEA BLOSSOM DR.  
City-St-Zip: PLANT CITY, FL 33567

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: WESNER JEAN

MGR

10/02/2012

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