

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132568

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** HGHSTYLE STUDENTS TRANSPORTATION OF SOUTH FLORIDA, LIMITED LIABILITY COMPANY,LLC

**Current Principal Place of Business:**

5521 MAINSHIP DR  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5521 MAINSHIP DR  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:** 45-3944708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GABOTON, JEAN BAPTISTE C  
5521 MAINSHIP DR  
GREENACRES, FL 33463 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: GABOTON, JEAN BAPTISTE C  
Address: 5521 MAINSHIP DR  
City-St-Zip: GREENACRES, FL 33463

Title: MGRM  
Name: GABOTON, JEANINE M  
Address: 5521 MAINSHIP DR  
City-St-Zip: GREENACRES, FL 33463

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: GABOTON JEAN BAPTISTE C.

MGRM

01/18/2012

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