

L130000084490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

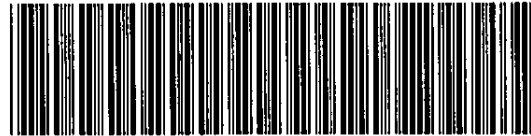
L13- 84490

(Document Number)

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2014 JAN 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JAN 21 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

JOHNY WEBSTER
438 ARORA BLVD.
ORANGE PARK, FL 32073

SUBJECT: WESTSIDE TAXI SERVICE LLC
Ref. Number: L13000084490

We have received your document for WESTSIDE TAXI SERVICE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 014A00000470

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westside Taxi Service
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johnny Webster
Name of Person

Westside TAXI Service
Firm/Company

438 Aurora Blvd.
Address

Orange Park, FL 32073
City/State and Zip Code

biggie08@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Webster at (904) 779-9518
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Westside Taxi Service LLC

2. (a) Principal office address of limited liability company: 438 Arora Blvd.
(Note: **MUST BE STREET ADDRESS**) Orange Park, FL 32073

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**) Same as above

11 June 2013
3. Date of filing/registration in Florida

L13000084490
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Business Filings Incorporated

Registered Office Address:

515 E. Park Ave

Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Johnny Webster

NEW Registered Office Address:

438 Arora Blvd.

(**MUST BE FLORIDA STREET ADDRESS**)

Orange Park, FL 32073

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Johnny Webster
Signature of a member or authorized representative of a member

Johnny Webster
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Johnny Webster
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2014 JAN 17 AM 11:08
TALLAHASSEE, FL
SECRETARY OF STATE