

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001427

1. Entity Name
CITY SHUTTLE, L.L.C.



Principal Place of Business

**2100 COUNTRY CLUB ROAD
SANFORD, FL 32771**

Mailing Address

**2100 COUNTRY CLUB ROAD
SANFORD, FL 32771**



02072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3564486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, N. DWAYNE JR. ESQ
GREENSPOON, MARDER, ET AL
201 E PINE ST STE 500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000835690
02/23/08-80044-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAY, N. DWAYNE JR
STREET ADDRESS	201 E PINE ST STE 500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	SCHLATER, JOHN
STREET ADDRESS	615 COPELAND MILL RD
CITY-ST-ZIP	WESTERVILLE, OH 43081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

MGR.

2/21/08

Date

407-425-6559

Daytime Phone #