

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045435

**Entity Name:** ASTORIA CAB LEASING LLC

**Current Principal Place of Business:**

100 ROYAL PALM WAY  
APT. 110  
BOCA RATON, FL 33432

**Current Mailing Address:**

25-39 14TH STREET  
ASTORIA, NY 11102

**FEI Number:** 45-4972398

**Certificate of Status Desired:** No

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

KHAN, RAFIQA  
100 ROYAL PALM WAY  
APT. 110  
BOCA RATON, FL 33432 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MRS  
Name KHAN, RAFIQA  
Address 25-39 14THSTREET  
City-State-Zip: ASTORIA NY 11102

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAFIQA KHAN

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date