

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000133572

Entity Name: CITY TAXI 1, LLC

Current Principal Place of Business:

50989 HIGHWAY 27 LOT 242
DAVENPORT, FL 33897

Current Mailing Address:

BOX 135031
CLERMONT, FL 34713

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGRM
Name AZAR, WILLIAM
Address BOX 135031
City-State-Zip: CLERMONT FL 34713

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: WILLIAM AZAR

MGR

01/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date