## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000150929

Entity Name: 10/10 TAXI FL1, LLC

**Current Principal Place of Business:** 

720 E. BUTTERFIELD ROAD

SUITE 300

LOMBARD, IL 60148

**Current Mailing Address:** 

720 E. BUTTERFIELD ROAD

SUITE 300

LOMBARD, IL 60148 US

FEI Number: 46-4017100 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** May 27, 2020

**Secretary of State** 

6767372298CC

Authorized Person(s) Detail:

Title **TREASURER** Title **MANAGER** 

DYBEL, ANDY Name Name LAHERRE, JACQUES

Address 720 E. BUTTERFIELD ROAD Address 720 E. BUTTERFIELD ROAD SUITE 300

SUITE 300

LOMBARD IL 60148 LOMBARD IL 60148 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **PRESIDENT** 

COYNE, JENNIFER A KIZILBASH, JEFF Name Name

720 E. BUTTERFIELD ROAD 720 E. BUTTERFIELD ROAD Address Address

SUITE 300 SUITE 300

LOMBARD IL 60148 City-State-Zip: City-State-Zip: LOMBARD IL 60148

Title Title **MANAGER SECRETARY** KIZILBASH, JEFF STEFFES, LARRY Name Name

720 E. BUTTERFIELD ROAD 720 E. BUTTERFIELD ROAD Address Address

> SUITE 300 SUITE 300

LOMBARD IL 60148 City-State-Zip: City-State-Zip: LOMBARD IL 60148

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.

05/27/2020 SIGNATURE: JEFF KIZILBASH MANAGER