2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2018
Secretary of State
CC5853057643

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Entity Name: MY FLORIDA TRANSPORTATION, LLC

Current Principal Place of Business:

15542 NW CHIPOLA STREET
ALTHA, FL 32421

Current Mailing Address:

PO BOX 1695
LYNN HAVEN, FL 32444 US

FEI Number: 36-4805952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MY FLORIDA CABS, INC
2319 LYNN HAVEN PARKWAY
SUITE 1695
LYNN HAVEN, FL 32444 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	MGR
Name	MY FLORIDA CABS, INC.
Address	PO BOX 1695
City-State-Zip:	LYNN HAVEN FL 32444

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: LOGAN S WHITEHEAD MGR 05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date