

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000073797

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**2226179224CC**

**Entity Name:** CITY CAB COMPANY OF ORLANDO LLC

**Current Principal Place of Business:**

324 W GORE ST  
ORLANDO, FL 32806

**Current Mailing Address:**

324 W GORE ST  
ORLANDO, FL 32806 US

**FEI Number:** 59-0729149

**Certificate of Status Desired:** Yes

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

FORD, DANIEL W. ESQ.  
1017 S. DIVISION AVENUE  
ORLANDO, FL 32805 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:** DANIEL W. FORD

01/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO/PRESIDENT  
Name CASTLE, JOHN W  
Address 324 W GORE ST  
City-State-Zip: ORLANDO FL 32806

Title AMBR  
Name WHITE, ROSCOE F III  
Address 324 W GORE ST  
City-State-Zip: ORLANDO FL 32806

Title EVP  
Name FORD, DANIEL W  
Address 324 W GORE ST  
City-State-Zip: ORLANDO FL 32806

Title COO  
Name HORTON, REBECCA K  
Address 324 W. GORE STREET  
City-State-Zip: ORLANDO FL 32806

Title VICE PRESIDENT OF ACCOUNTING  
AND FINANCE  
Name ROSE, DAVID A  
Address 324 W GORE ST  
City-State-Zip: ORLANDO FL 32806

*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:** JOHN W CASTLE

CEO/PRESIDENT

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date