#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000479822

Entity Name: RIDERS CAB LLC

Jan 03, 2024 Secretary of State 6777901838CC

**FILED** 

# **Current Principal Place of Business:**

471 NE 180TH DRIVE

NORTH MIAMI BEACH, FL 33162

### **Current Mailing Address:**

471 NE 180TH DRIVE

NORTH MIAMI BEACH. FL 33162 US

FEI Number: 93-4141741 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

JEAN-BAPTISTE, LARAQUE 471 NE 180TH DRIVE NORTH MIAMI BEACH, FL 33162 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.

Title MGR.

Name

JEAN-BAPTISTE, LARAQUE

Name GEDEUS, JOSEPH

Address 471 NE 180TH DRIVE

Address

2451 ADAMS STREET

City-State-Zip: NORTH MIAMI BEACH FL 33162

City-State-Zip: HOLLYWOOD FL 33020

Title MGR

Name

PIERRE, NEWTON D

Address

235 NW 28TH AVE

City-State-Zip:

BOYNTON BEACH FL 33435

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: NEWTON D PIERRE

**MGR** 

01/03/2024