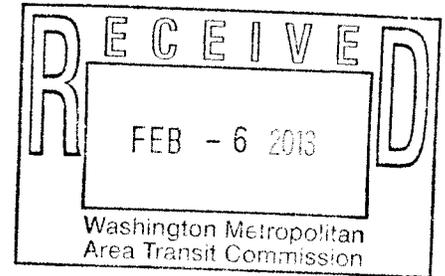


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1734 | Elite Limo Service LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

1701 East West Highway, #305 | | Silver Spring | MD | 20910-3020  
\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(202) 657-1131 | (202) 812-9512 | | info@elite-limoservice.com  
\*Telephone | Other Telephone | Fax | E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Frantisek Valyi | President  
\*Name | \*Title

(202) 657-1131 | (202) 812-9512 | | info@elite-limoservice.com  
\*Telephone | Other Telephone | Fax | E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

---



---



---

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
01	2006	LINCOLN	1LNHM84W46Y647219	5A536B	MD	4	NO
02	2007	CHEVY SUBURBAN	3GNFK163079285789	03669LM	MD	6	NO
03	2007	LINCOLN	1LNHM84W47Y628039	04220LM	MD	4	NO

7. **\*CERTIFICATION:**

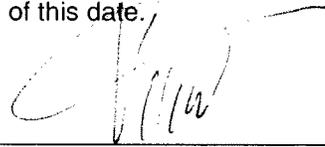
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

FRANTISEK VALYI

\*Name (type or print)

PRESIDENT

\*Title (not required for sole proprietors)



\*Signature

04/29/13

\*Date

**Jeffrey Lehmann**

---

**From:** WMATC E-Filing [efilings@wmatc.gov]  
**Sent:** Wednesday, January 30, 2013 10:51 AM  
**To:** Constantine Kolouas  
**Subject:** 1734: Vehicle List

## WMATC VEHICLE LIST

**Carrier Name:** Elite Limo Service LLC

**WMATC Number:** 1734

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheelchair
01	2006	Lincoln	1LNHM84W46Y647219	51536B	MD	4	No
02	2007	Chevy Suburban	3GNFK16307G285789	03669LM	MD	6	No
03	2007	Lincoln	1LNHM84W47Y628039	04220LM	MD	4	No

**\*No vehicle list file was uploaded.**