

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087189

1. Entity Name
CURBSIDE WHEEL REPAIR, LLC



Principal Place of Business
**401 E OSCEOLA STREET
STUART, FL 34994**

Mailing Address
**401 E OSCEOLA STREET
STUART, FL 34994**



01172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2243115

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORNETT, JANE L ESQ
401 E OSCEOLA STREET
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
EASTABROOKS, JOHN
2727 SHIM ROAD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/07/06-80113-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____