

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070426

FILED
Jan 26, 2009
Secretary of State

Entity Name: CAR BOYZ, LLC

Current Principal Place of Business:

729 SR 20
HOLLISTER, FL 32148 US

New Principal Place of Business:

729 SR 20
HOLLISTER, FL 32147 US

Current Mailing Address:

P O BOX 120
HOLLISTER, FL 32148 US

New Mailing Address:

P O BOX 120
HOLLISTER, FL 32147 US

FEI Number: 30-0368920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPP, H. P
901 COUSINTOWN ROAD
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHIPP, H. P
Address: 901 COUSINTOWN ROAD
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MGRM () Delete
Name: SHIPP, CAMILLE A
Address: 901 COUSINTOWN ROAD
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MGRM (X) Delete
Name: SHIPP, JONATHAN P
Address: 885 COUSINTOWN ROAD
City-St-Zip: INTERLACHEN, FL 32148 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CAMILLE SHIPP

MGMR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date