


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000004610 1. Entity Name EMPIRE TIRE OF APOPKA, LLC |  |
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|--|--|
| Principal Place of Business 205 BEDFORD ROAD ALTAMONTE SPRINGS, FL 32714 | Mailing Address 205 BEDFORD ROAD ALTAMONTE SPRINGS, FL 32714 |
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DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CONTESTABILE, VINCENT A
 205 BEDFORD ROAD
 ALTAMONTE SPRINGS, FL 32714

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| B. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CONTESTABILE, VINCENT A 205 BEDFORD ROAD ALTAMONTE SPRINGS, FL 32714 |
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U00000789895
 01/23/08-80012-007 138.75

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: Vincent A. Contestabile Vincent A. Contestabile-76-08 4076258654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #