

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064907

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: SENSIBLE CAR PRODUCTS, LLC

**Current Principal Place of Business:**

10811 SUNSET PLAZA CIRCLE  
4 E  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

16880 GATOR ROAD  
STE 105  
FORT MYERS, FL 33912 US

**Current Mailing Address:**

17284 SAN CARLOS BLVD  
SUITE 103  
FORT MYERS BEACH, FL 33931 US

**New Mailing Address:**

FEI Number: 03-0597260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSO, CHARLES V  
12401 ARBORVIEW DR.  
FORT MYERS, FL 33908 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: RUSSO, CHARLES V  
Address: 12401 ARBORVIEW DR.  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: RUSSO, THOMAS J  
Address: 15655 OCEAN WALK CIRCLE #105  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

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: THOMAS J RUSSO

MGRM

02/16/2009

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