

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) 2006**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90019 050 ****50.00

DOCUMENT # L00000006035

1. Entity Name

TIRE CHEK, L.L.C.



DO NOT WRITE IN THIS SPACE

20028701

2. Principal Place of Business

8840 South Lake Dasha Dr. 8840 S. Lake Dasha Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

Plantation, Fl

City & State

Plantation, Fl

4. FEI Number

65-1026147

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lemberger, Gary

Street Address (P.O. Box Number is Not Acceptable)

8840 S. Lake Dasha Drive

City

Plantation

FL

Zip Code

33324

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

Lemberger, Gary

8840 S. Lake Dasha Drive

Plantation, Fl. 33324

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gary Lemberger

1/26/06

954-474-3348

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

Date

Daytime Phone #