

**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 MGRM  
NAME Lemberger, Gary  
STREET ADDRESS 8840 S. Lake Dasha Drive  
CITY-ST-ZIP Plantation, Fl. 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #