2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006035

1. Entity Name
TIRE CHEK, L.L.C.

Principal Place of Business	Mailing Address
8840 SOUTH LAKE DASHA DRIVE PLANTATION, FL 33324 US	8840 SOUTH LAKE DASHA DRIVE PLANTATION, FL 33324 US

DO NOT WRITE IN THIS SPACE

02092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1026147	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEMBERGER, GARY
8840 SOUTH LAKE DASHA DRIVE
PLANTATION, FL 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   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2007**

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEMBERGER, GARY
STREET ADDRESS	8840 SOUTH LAKE DASHA DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000645737
03/06/07-80001-005 50.00

**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: _____ Gary Lemberger   2/8/07   954-474-3348

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