

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012698

Entity Name: TRUCKARE 1, L.L.C.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

430 NORTH MILLS RD.
SUITE 4
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 533351
ORLANDO, FL 328533351

New Principal Place of Business:

430 NORTH MILLS AVE.
SUITE 4
ORLANDO, FL 32803 US

New Mailing Address:

PO BOX 533351
ORLANDO, FL 328533351 US

FEI Number: 59-3678654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWTIZ, IVAN
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 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: MGR () Delete
Name: LEFKOWITZ, IVAN M
Address: 430 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: LEFKOWITZ, AARON M
Address: 705 MONMOUTH AVE
City-St-Zip: WINTER PARK, FL 32792 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: IVAN M LEFKOWITZ

MGR

02/02/2009

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