

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014280

FILED
Feb 17, 2004
Secretary of State

Entity Name: RENT A WHEEL, LLC

Current Principal Place of Business:

1101 "B" E. HILLSBOROUGH AVE.
TAMPA, FL 33604

New Principal Place of Business:

16011 N. NEBRASKA AVE.
STE. 107
LUTZ, FL 33549

Current Mailing Address:

16011 N NEBRASKA AVENUE
107
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3682291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIESHAUER, JEFFERY S
16011 N. NEBRASKA AVE.
SUITE #107
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

MILLS, FREDERICK
1200 W. PLATT. ST.
STE. 100
TAMPA, FL 33606 US

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: FREDERICK MILLS

02/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: WEATHERMAN, BETTY
Address: 16011 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

Title: ST () Delete
Name: WEATHERMAN, GARY
Address: 16011 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEATHERMAN, BETTY
Address: 16011 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

Title: MGRM (X) Change () Addition
Name: WEATHERMAN, GARY
Address: 16011 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY WEATHERMAN

MGRM

02/17/2004

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