

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90042 046 \*\*\*\*50.00

**DOCUMENT # L00000014280**

1. Entity Name <sup>2</sup>  
**RENT A WHEEL, LLC**



Principal Place of Business  
**16011 N. NEBRASKA AVE.  
STE. 107  
LUTZ, FL 33549**

Mailing Address  
**16011 N NEBRASKA AVENUE  
107  
LUTZ, FL 33549**

**DO NOT WRITE IN THIS SPACE**



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3682291**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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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 renewing.) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
WEATHERMAN, BETTY  
16011 N. NEBRASKA AVE.  
LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
WEATHERMAN, GARY  
16011 N. NEBRASKA AVE.  
LUTZ, FL 33549**

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

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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 L. Weatherman Gary Weatherman 2-16-06 3139498818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #