

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014889

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** TRUCKARE I OF JACKSONVILLE, L.L.C.

**Current Principal Place of Business:**

2141 N. LANE AVE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

931 N. SR 434, SUITE 1201  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

522 HUNT CLUB BLVD. #370  
APOPKA, FL 32703

FEI Number: 59-3741788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVE.  
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  
Name: NEWTON, BRIAN  
Address: 522 HUNT CLUB BLVD. #370  
City-St-Zip: APOPKA, FL 32703

Title: MGR  
Name: LEFTOWITZ, IVAN  
Address: 430 N MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: MGR  
Name: NEWTON, MICHELLE A  
Address: 522 HUNT CLUB BLVD. #370  
City-St-Zip: APOPKA, FL 32703

I hereby 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: MICHELLE NEWTON

MGR

03/23/2010

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