

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 009 \*\*\*\*\*50.00

DOCUMENT # L02000007371

1. Entity Name

Tire Logistics LLC



**DO NOT WRITE IN THIS SPACE**

30066842

2. Principal Place of Business

348 Williams Point Blvd

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

4. FEI Number

01-0651354

Applied For

Not Applicable

Zip

32927

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

Name

Arnold, Matheny & Eagan, P.A.

Street Address (P.O. Box Number is Not Acceptable)

801 N. Magnolia Avenue, Suite 201

City

Orlando

FL

Zip Code  
32803

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Mgr  
Gilbert R. McCoy  
348 Williams Point Blvd  
Cocoa, Florida 32927

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Gilbert R. McCoy*

Gilbert R. McCoy

4/30/03

321-433-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E0835 (12/02)