

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90145 006 \*\*\*\*\*55.00

**DOCUMENT # L02000012140**

**1. Entity Name**

L-CAR, LLC.



**Principal Place of Business**

7010 190TH STREET EAST  
BRADENTON FL 34211

**Mailing Address**

7010 190TH STREET EAST  
BRADENTON FL 34211

14027118



MOORE

CR2E083 (4/04)

**2. Principal Place of Business**

18909 68TH AVE E.

**3. Mailing Address**

18909 68TH AVE E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

BRADENTON FL

**City & State**

BRADENTON FL

**Zip**

34211

**Country**

MANATEE

**Zip**

34211

**Country**

MANATEE

**4. FEI Number**

03-0467744

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

CARVELLI, LAWRENCE P  
7010 190TH STREET EAST  
BRADENTON FL 34211

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

**Name**

CARVELLI, LAWRENCE P

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

18909 68TH AVE E.

**City**

BRADENTON

**FL**

**Zip Code**

34211

**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 reinstating)

7/26/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM	<input type="checkbox"/> Delete
<b>NAME</b>	CARVELLI, LAWRENCE P	
<b>STREET ADDRESS</b>	7010 190TH STREET EAST	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34211	
<b>TITLE</b>	MGRM	<input type="checkbox"/> Delete
<b>NAME</b>	CARVELLI, VICTORIA J	
<b>STREET ADDRESS</b>	7010 190TH STREET EAST	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34211	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**10. ADDITIONS/CHANGES**

<b>TITLE</b>	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARVELLI, LAWRENCE P.	
<b>STREET ADDRESS</b>	18909 68TH AVE E	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34211	
<b>TITLE</b>	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	CARVELLI, VICTORIA J	
<b>STREET ADDRESS</b>	18909 68TH AVE E.	
<b>CITY-ST-ZIP</b>	BRADENTON FL 34211	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

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

7/26/04

Date

941-322-9712

Daytime Phone #