2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Zip Country Zip Country 5. Certificate of Status Desired X \$5.00 Address of Current Registered Agent 7. Name and Address of New Registered Agent	DOCUM	IENT # L020000262	260			- C U	
All AHASSEE, FLORIDA A WEST BREVARD STREET TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.D. Box # 3. Mailing Address Sulfe, Apri. #, etc.		ESENTS B&B TIRES-N-SO	N, LLC		7	_	
Suite, Apt. #, etc. Suite, Apt. #, etc.	537 WEST BRE	VARD STREET	537 WEST BREVARD S		SECRETAR TALLAHASS	TUF STATE EE, FLORIDA	
Suite. Apl. #, etc. Suite. Apl. #, etc. Suite. Apl. #, etc. D4302008 Chg-LLC CR26083 (12/06) Chy & State	2. Principal Plac	ce of Business - No P.O. Box #	3. Mailing Address				
City & State City & State City & City & State City & State City & State City & State City & City & State City &	Suite, Apt. #,	etc.	Suite, Apt. #, etc.				
S. Contilicate of Status Desired S. S. Contilicate of Status Desired Agent. **CADABAUGH, ROBERT ELTON 261 SLASH PINE LANE ALLAHASSEE, FL 32304 **City FL Zip Code **Cit	City & State		City & State			0122000 (120	Applied For
6. Name and Address of Current Registered Agent RADABAUGH, ROBERT ELTON 1261 SLASH PINE LANE FALLAHASSEE, FL 32304 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent. Signature, typed or grinded name of insplaced agent and risk r accidable. FILE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make chock payable to Florida Department of State TREE MORE STATE ADDRESS ON SET ADDRES	Zip Country		Zip Country			65.00	Not Applicable Additional
Name Street Address (P.O. Box Number is Not Acceptable) City		6 Name and Address of Current F	Pagistared Agent			24	ired
3. 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, an the obligations of registered agent. SIGNATURE Signature, biped or prined name of registered agent and she if addicable. (NOTE: Registered Agent alignature required when reinstance) DATE	4261 SLASH	H, ROBERT ELTON	legistered Agent	Street Address		otable)	
THE CONGRES OF registered agent. Change Cha			V /	City		FL Zip C	ode
MGR RADABAUGH, ROBERT E RADABAUGH RADABAUGH, ROBERT E RADABAUGH, R	Sil	NOW!!! FEE IS \$138.75		E: Registered Agent signature requi		Make check payable t	
RADABAUGH, ROBERT E INTERT ADDRESS ITY-ST-ZIP AME INTERT ADDRESS ITHE		MANAGING MEMBER	L RS/MANAGERS	10.	ADDITIO	ONS/CHANGES	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Chan	ge 🗌 Additio
SIGNATURE: WWW (indicatéd o limited liabi	n this report is true and accurate and lity company or the receiver or trustee	that my signature shall have empowered to execute this	e the same legal effect as is report as required by Ch	il made under oath; that I am a r apter 608, Florida Statutes.	managing member or man	ager of the