

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90038 030 ****50.00

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1. Entity Name

HEAVEN TIRE LLC



Principal Place of Business

1600 E. VINE ST.
SUITE B
KISSIMMEE FL 34744
US

Mailing Address

1600 E. VINE ST.
SUITE B
KISSIMMEE FL 34744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2480 N. ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip 34744

Country ORANGE

Zip

Country

4. FEI Number

61-1428530

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, RODOLFO
1600 E. VINE ST.
SUITE B
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

2480 N. ORANGE

City ORLANDO

FL

Zip Code

34744

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PENA, RODOLFO
STREET ADDRESS 1600 E. VINE ST. SUITE B
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 2480 N. ORANGE
CITY-ST-ZIP ORLANDO FL 34744

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rodolfo Pena

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)