

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 036 ***138.75

DOCUMENT # L03000008034

1. Entity Name
WHEELS PLUS, LLC



Principal Place of Business
4500 PGA BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33418

60037139



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
304 B

Suite, Apt. #, etc.
304 B

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
81-0604247

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWEN, JACK B JR.
4500 PGA BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33418

Name

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

City

FL

Zip Code

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHARBONEAU, B L
2992 CONIFER DRIVE
FT. PIERCE, FL 34951

TITLE
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☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

B.L. Charboneau **B.L. CHARBONEAU**

4-28-08

772-461-0840

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

Date

Daytime Phone #