## .2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## May 02, 2008 08:00 AN Secretary of State DOCUMENT # L03000013180 1. Entity Name FALCON TIRE PARTNERS, LLC Principal Place of Business Mailing Address 12950 NW 107TH COURT 12950 NW 107TH COURT MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 68-0571728 Not Applicable $Z_{\rm IP}$ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama RIOS, LUCY G Street Address (P.O. Box Number is Not Acceptable) 11340 NW 68 ST **MIAMI FL 33178** 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 priced name of registered agreet and title I dop leadle (NOTE: Registerop Agent signature required whom 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 TITLE Delete ☐ Change ☐ Addition U00000943703 NAME RIOS, JOSE NAME 05/29/08-80070-020 138.75 STREET ADDRESS 11340 NW 68TH STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-Z!P TITLE VP ☐ Delete IIIŒ ☐ Change Addition NAME RIOS, LUCY G NAME STREET ADDRESS 11340 NW 68TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-7:P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME GONZALEZ, JUAN M STREET ADDRESS STREET ADDRESS 11382 NW 68TH ST CITY-ST-7IP CITY-ST-ZiP MIAM! FL 33178 TITLE ☐ Delete Change Addition NAME GARCIA, MARIA STREET ADDRESS 11382 NW 68TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-2:P TITLE ☐ Delete Change ino:thbbA 📋 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-79 TITLE ☐ Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ed to execute this report as required by Chapter 608, Florida Statutes.

prature shall have the same legal effect as if made under path; that I am a managing member or manager of the

indicated on this report is true and accurate and that my

limited liability company or the receiver of

SIGNATURE

**FILED**