2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017952

Entity Name: A-1 24/7 ROADSIDE ASSISTANCE, LLC

FILED May 01, 2004 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

2104 LAKE BRADFORD ROAD UNIT 5

TALLAHASSEE, FL 32310

Current Mailing Address:

New Mailing Address:

4727 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305

4727 CRAWFORDVILLE ROAD

TALLAHASSEE, FL 32305

2104 LAKE BRADFORD ROAD UNIT 5 TALLAHASSEE, FL 32310

FEI Number: 65-1189355 FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, CANDIDA 2104 LAKE BRADFORD ROAD

UNIT 5 TALLAHASSEE, FL 32310 Name and Address of New Registered Agent:

GIL, CANDIDA 321

TALLAHASSEE, FL 32305

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.

SIGNATURE: CANDIDA GIL

05/01/2004 Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS:

Title: () Delete

Name: Address: City-St-Zip:

Title: () Delete

Name: Address: City-St-Zip: **ADDITIONS/CHANGES:**

itle: MGRM () Change (X) Addition

Name: GIL, CANDIDA A GIL
Address: 321 MAYO STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM () Change (X) Addition

 Name:
 MOSQUEDA, OMAR

 Address:
 321 MAYO STREET

 City-St-Zip:
 TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CANDIDA GIL MGRM 05/01/2004