

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017952

FILED
May 01, 2005
Secretary of State

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

Current Principal Place of Business:

4727 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

4727 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 65-1189355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIL, CANDIDA
321
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GIL, CANDIDA A GIL
Address: 321 MAYO STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM () Delete
Name: MOSQUEDA, OMAR
Address: 321 MAYO STREET
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIL, CANDIDA A GIL
Address: 904 CROSSWAY RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM (X) Change () Addition
Name: MOSQUEDA, OMAR
Address: 904 CROSSWAY RD
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

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date