

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000019240**

1. Entity Name  
**KOUNTRY KARS, LLC**



Principal Place of Business

**9061 BRATT ROAD  
CENTURY, FL 32535 US**

Mailing Address

**9061 BRATT ROAD  
CENTURY, FL 32535 US**



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0059470**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, KALE R  
9061 BRATT ROAD  
CENTURY, FL 32535**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, KALE R 9061 BRATT ROAD CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, DONNA C 9061 BRATT ROAD CENTURY, FL 32535
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000734838  
05/10/07-80010-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Kale R. Schneider

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

4/18/07 850-327-6257

Date

Daytime Phone #