

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90227 047 \*\*\*138.75

**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**



02212008No Chg-LLC

CR2E083 (12/07)

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$638.75**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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*

*4/18/08*

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

Date

Daytime Phone #