

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State


09-13-2004 90133 006 ****50.00

24084938



07192004 Chg-LLC CR2E083 (10/03)

4. FEI Number **51-0478539** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000030441					
1. Entity Name PAM CAR & TRUCK RENTAL, LLC					
Principal Place of Business 4331 BAY BEACH LANE FT. MYERS BEACH, FL 33931			Mailing Address 4331 BAY BEACH LANE FT. MYERS BEACH, FL 33931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTEBRANDO, PHILIP		NAME		
STREET ADDRESS	4331 BAY BEACH LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTEBRANDO, MARILYN		NAME		
STREET ADDRESS	4331 BAY BEACH LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTEBRANDO, MARILYN		NAME		
STREET ADDRESS	4331 BAY BEACH LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTEBRANDO, PHILIP		NAME		
STREET ADDRESS	4331 BAY BEACH LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Philip Altebrando</i>			Date: <i>9-5-04</i> Daytime Phone #: <i>631-979-6100</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					