

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

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



**DO NOT WRITE IN THIS SPACE**

03302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
41-0478539

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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, 2005**

U000000292524  
04/07/05-80074-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ALTEBRANDO, PHILIP  
4331 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ALTEBRANDO, MARILYN  
4331 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
ALTEBRANDO, MARILYN  
4331 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
ALTEBRANDO, PHILIP  
4331 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGER  
ALTEBRANDO, PHILIP  
4331 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931

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 exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4-2-05 631-757-1872