

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000031632

1. Entity Name
SUPERCHIPS CUSTOM TUNING, LLC



Principal Place of Business
**134 BAYWOOD AVENUE
LONGWOOD, FL 32750**

Mailing Address
**134 BAYWOOD AVENUE
LONGWOOD, FL 32750**



01262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2424566	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 *Brian J. Heron*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALES, PETER J 134 BAYWOOD AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSEA, DAVID G 134 BAYWOOD AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WROBLEWSKI, GERALD J 134 BAYWOOD AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, CHRISTOPHER W JR. 134 BAYWOOD AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHORT, MICHAEL P 134 BAYWOOD AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/05-80065-009 55.00

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/2005
Date

407-774-2447
Daytime Phone #