


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000035871 1. Entity Name BRAKE SOLUTIONS LLC	
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Principal Place of Business 234 E. PERSHING ST. TALLAHASSEE, FL 32301	Mailing Address 234 E. PERSHING ST. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCGRATH, DENNIS C
234 E. PERSHING ST.
TALLAHASSEE, FL 32301**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, DENNIS C 2005 SCENIC RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELDER, ROBERT H 3702 CAMBRIDGE DR VALDOSTA, GA 31605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/21/05--01057--015 **50.00**

**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)(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: Robert H. Elder **ROBERT H. ELDER** 07/14/2005 850-222-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
05 JUL 14 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3704147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required