2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035871

1. Entity Name
BRAKE SOLUTIONS LLC

Principal Place of Business	Mailing Address
234 E. PERSHING ST. TALLAHASSEE, FL 32301	234 E. PERSHING ST. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3704147

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000398573
01/31/06-80003-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCGRATH, DENNIS C
STREET ADDRESS	2005 SCENIC RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MGRM
NAME	ELDER, ROBERT H
STREET ADDRESS	3702 CAMBRIDGE DR
CITY-ST-ZIP	VALDOSTA, GA 31605
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: _____ 1/17/06 850-222-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #