

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000035871

1. Entity Name
BRAKE SOLUTIONS LLC



Principal Place of Business

234 E. PERSHING ST.
TALLAHASSEE, FL 32301

Mailing Address

234 E. PERSHING ST.
TALLAHASSEE, FL 32301



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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 31805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789046
01/22/08-880009-018 138.75

**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:

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

Date

Daytime Phone #