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Secretary of State

03-23-2005 90238 013 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011475

1. Entity Name
WHEEL SPECIALISTS LLC

Principal Place of Business	Mailing Address
4541 ROSLYN CT LAND O LAKES, FL 34639	4541 ROSLYN CT LAND O LAKES, FL 34639

03052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3929 American Plaza Blvd	PO Box 2151
Suite, Apt. #, etc.: Ste E	Suite, Apt. #, etc.:
City & State: Land O Lakes, FL	City & State: Land O Lakes FL
Zip: 34639 Country: US	Zip: 34639 Country: US

4. FEI Number: 20-0709619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STATTON, JEFFREY H
4541 ROSLYN CT
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

Name: Jeffrey H. Statton
Street Address (P.O. Box Number is Not Acceptable): 22924 Chesterview Loop Apt 207
City: Land O Lakes, FL FL Zip Code: 34639

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] 3/15/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STATTON, JEFFREY H 4541 ROSLYN CT LAND O LAKES, FL 34639	☒ Delete	Jeffrey Statton 22924 Chesterview Loop Apt 207 Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 4/15/05 813-842-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

JEFF STATTON 4/15/05