

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000033982**

**1. Entity Name**  
**BARBAROTE'S TIRE SEVICE, LLC**



**Principal Place of Business**

7512 W. 20TH AVE  
#101  
HIALEAH, FL 33016

**Mailing Address**

7512 W. 20TH AVE  
#101  
HIALEAH, FL 33016



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
27-0091326

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

OLIVA, THERESA  
7512 W. 20TH AVE  
#101  
HIALEAH, FL 33016

**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**

*Theresa OLIVA* *Shm olia* *(10-registered)* *1-26-07*

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
OLIVA, JOSE R  
7512 W 20TH AVE #101  
HIALEAH, FL 33016

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
OLIVA, THERESA  
7512 W 20TH AVE #101  
HIALEAH, FL 33016

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**CITY-ST-ZIP**

U00000611757  
02/02/07-80076-011 55.00

**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:**

*Shm olia* *(Theresa OLIVA)*

*305*  
*1-26-07* *Y39-9448*

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

Date

Daytime Phone #