


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 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
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 27-0091326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OLIVA, THERESA 7512 W. 20TH AVE #101 HIALEAH, FL 33016
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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 _____

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

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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01/29/08-80067-002 143.75

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: Shirley Oliva 1-18-08 954-883-1112

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