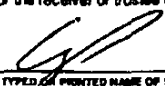


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 29, 2005 8:00 am
Secretary of State

05-06-2005 90028 008 *****55.00

DOCUMENT # L04000049977				
1. Entity Name ALL THE TIME TRUCK ACCESSORIES, LLC				
Principal Place of Business 200 N. MAGNOLIA DR. TALLAHASSEE FL 32301		Mailing Address 200 N. MAGNOLIA DR. TALLAHASSEE FL 32301		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 432067345		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent MINCO AUTO & TRUCK ACCESSORIES, LLC 200 N. MAGNOLIA DR. TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Ryan Perry		DATE 4/21/05		
Signature typed in printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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:  Ryan Perry		DATE 4/21/05 850-656-1419		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #		

30010510



1st MOORE CR2E083 (10/04)

Manager
Louis Thiel
4380 Camden Rd.
Tallahassee, FL 32303