


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000001414	
1. Entity Name MCDUGALD'S SERVICE STATION & TIRE CENTER LLC	

Principal Place of Business 17313 MAIN STREET NORTH BLOUNTSTOWN FL 32424	Mailing Address 17313 MAIN STREET NORTH BLOUNTSTOWN FL 32424
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2. Principal Place of Business - No P.O. Box # 17313 Main St. N.	3. Mailing Address 17313 Main St. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

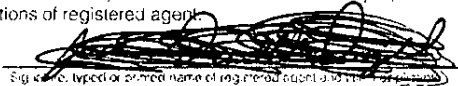
City & State Blountstown FL	City & State Blountstown FL	4. FEI Number 20-2230425	Applied For <input type="checkbox"/> Not Applicable
Zip 32424	Country	Zip 32424	Country

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCDUGALD, JAMES "DARRELL 17313 MAIN STREET NORTH BLOUNTSTOWN FL 32424	
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

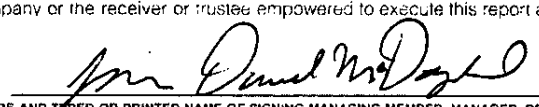
SIGNATURE  DATE **1-28-08**

(NOTE: Registered Agent's signature is required if changing agent)

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDUGALD, JAMES DARRELL 17313 MAIN STREET NORTH BLOUNTSTOWN FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000806306 02/06/08-80033-004 138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **1-28-08** **850-674-5059**

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