


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90231 040 \*\*\*138.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L05000001886</b> |  |
|--------------------------------|---|

1. Entity Name  
CARS VARIETY LLC

|  |  |
|--|--|
| Principal Place of Business<br>3720 SW SISTERS WELCOME ROAD<br>LAKE CITY, FL 32024 | Mailing Address<br>3720 SW SISTERS WELCOME ROAD<br>LAKE CITY, FL 32024 |
|--|--|

60020368



|  |                               |
|--|-------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>180 CATTAIL CIRCLE | 3. Mailing Address<br>SAME AS |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.<br>ASIDE  |

04042008 Chg-LLC CR2E083 (12/06)

|  |                |                             |                               |
|--|----------------|-----------------------------|-------------------------------|
| City & State<br>JACKSONVILLE, FL   | City & State   | 4. FEI Number<br>52-2453458 | Applied For<br>Not Applicable |
| Zip<br>32259   | Country<br>USA | Zip                         | Country                       |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                |                             |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>PIECHOCZEK, SZCZEPAN J<br>180 CATTAIL CIRCLE<br>JACKSONVILLE, FL 32259 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 *Szczepan J. Piechowek* DATE 4/5/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PIECHOCZEK, SZCZEPAN J<br>180 CATTAIL CIRCLE<br>JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Szczepan J. Piechowek* SZCZEPAN J. PIECHOWEK (904) 2289925  
DATE 4/4/08

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

Date

Daytime Phone #