

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 010 ****50.00

DOCUMENT # L05000015170



1. Entity Name

LACOOCHEE TIRE RESOURCES, LLC

Principal Place of Business

5212 LADY ROSE
LUTZ FL 33558

Mailing Address

P.O. BOX 628
LUTZ FL 33458



2. Principal Place of Business

20719 US Hwy #301

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Lacoochee, FL

City & State

4. FEI Number

27-0115319

Applied For

Not Applicable

Zip
33537

Country
Pasco

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRODEL, WILLIAM H
4437 CENTRAL AVENUE
ST. PETERSBURG FL 33713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Presiding Member
Duane R. James
5212 Lady Rose Ct.
Lutz, FL 33558 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chief Financial Officer
Robert Kropp
1506 San Marco Dr. Apt. 104
Ormond Beach, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: Duane R. James

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

8/8/06 727-243-5398

Date

Daytime Phone #