

will dissolve/revoke the entity if a replacement payment with service charge and report

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90019 041 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000026838**  
 1. Entity Name  
**GOODMAN'S AUTOMOTIVE & TIRE CENTER, LLC**



Principal Place of Business  
 20700 NE MAGNOLIA STREET  
 BLOUNTSTOWN, FL 32424

Mailing Address  
 20700 NE MAGNOLIA STREET  
 BLOUNTSTOWN, FL 32424

**20004334**



2. Principal Place of Business  
 Subd, Apt #, etc.

3. Mailing Address  
 Subd, Apt #, etc.

01202006 Chg-LLC CR2E033 (11/05)

City & State

4. FEI Number  
**20-2451234**

Apply For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODMAN, DOUGLAS**  
 20700 NE MAGNOLIA STREET  
 BLOUNTSTOWN, FL 32424

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City

State

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 fee if applicable. (Note: Registered Agent signature required when reappointing)

Filing Fee is: **\$50.00**  
 Due by **May 4, 2006**

State check payable to  
 Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
MGR	GOODMAN, DOUGLAS	20700 NE MAGNOLIA STREET	BLOUNTSTOWN, FL 32424	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Douglas Goodman