

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033865

FILED
Apr 30, 2009
Secretary of State

Entity Name: OPEN ROAD RESPONDERS, LLC

Current Principal Place of Business:

3681 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

3681 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 34-2056417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, CRAIG
3681 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEST WAY TOWING, INC.
Address: 3681 WEST OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: MGRM (X) Delete
Name: J & J TOWING, INC.
Address: 5613 N.W. 8TH STREET
City-St-Zip: MARGATE, FL 33063

Title: MGRM (X) Delete
Name: MIDTOWN TOWING OF MIAMI, INC.
Address: 551 NW 72 ST
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG GOLDSTEIN

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date