

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90043 008 \*\*\*138.75

**DOCUMENT # L05000036473**

1. Entity Name  
TRUE LUBE EXPRESS, LLC



Principal Place of Business

4100 CRILL AVENUE  
PALATKA, FL 32177

Mailing Address

546 COUNTY ROAD 207A  
EAST PALATKA, FL 32131

**60039414**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

57-1219969

Applied For

Not Applicable

Zip

Country

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

MOTES, CARL D  
1072 LAKE BALDWIN LANE  
ORLANDO, FL 32814

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 \$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 MGR ☐ Delete  
NAME KANE, ELLIOTT  
STREET ADDRESS 546 COUNTY ROAD 207A  
CITY-ST-ZIP EAST PALATKA, FL 32131

TITLE MGRM ☐ Change ☒ Addition  
NAME EUGENE R. WILKINSON  
STREET ADDRESS 627 BARDIN ROAD  
CITY-ST-ZIP PALATKA, FL 32177

TITLE MGRM ☐ Delete  
NAME WILKINSON, LEOLA D  
STREET ADDRESS 627 BARDIN RD  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 627 BARDIN ROAD  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:**

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

Date

Daytime Phone #

*Eugene R. Wilkinson* Eugene R. Wilkinson 4-17-08 386 325-5823