### - 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000040652

1. Entity Name

AMERICAN COMMERCE, LLC



Principal Place of Business

14040 S.W. 20TH AVENUE ROAD OCALA, FL 34473

Mailing Address

14040 S.W. 20TH AVENUE ROAD OCALA, FL 34473

FILED Mar 14, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR:

CR2E083 (12/07)

4. FEI Number 75-3190913 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of chang   | ing its registered office or registered agent, or bo        | h, in the State of Florida. I am familiar with, and accept |
|---|---|--|
| the obligations of registered agent.  |   |  |
|   |   |  |
| SIGNATURE   |   |  |
| Country of the state of an extend and a series of a series of a series of a series of the state of a series of the state of a series of a | (NOTE Consistered Ament appearing required when remetation) | DATG   |

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

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM ADAM, DONALD A 14040 S.W. 20TH AVENUE RD. OCALA, FL 34473                     |
| IIILE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| 11. I hereby                                   | certify that the information supplied with this filing does not qualify for the ea |

U00000858141 04/01/08-80033-011 138.75

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the ifformation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report if 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 is the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GNATURE AND TYPED OR FALL AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/08

979/776-1111

Daytime Phone #