2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000058759

1. Entity Name

ALL TIRES OF MONROE COUNTY, L.L.C.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

97951 OVERSEAS HIGHWAY KEY LARGO, FL 33037 Mailing Address

PO BOX 888

KEY LARGO, FL 33037



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3045062

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STOIA, SAMUEL C 97561 OVERSEAS HIGHWAY KEY LARGO, FL 33037

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6.	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 NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000896196 04/24/08-80098-007 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOIA, SAMUEL C PO BOX 888 KEY LARGO, FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, ALANA B PO BOX 888 KEY LARGO, FL 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information symplied with this filling does not qualify for the ex-		

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

Cipr. 11

Daytime Phone #