

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074866

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CARSMEDIC, L. L. C.

## Current Principal Place of Business:

1843 TRISTRAM  
LAKELAND, FL 33813 US

## New Principal Place of Business:

2657 LEAFY LN  
SARASOTA, FL 34239 US

## Current Mailing Address:

1843 TRISTRAM  
LAKELAND, FL 33813 US

## New Mailing Address:

2657 LEAFY LN  
SARASOTA, FL 34239 US

FEI Number: 20-3243059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEITH, WILLIAM C  
1517 COMMERCIAL PARK DR.  
LAKELAND, FL 33801 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: TAYLOR, DENNIS F  
Address: 1843 TRISTRAM  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM ( ) Delete  
Name: TAYLOR, INGERLISE L  
Address: 1843 TRISTRAM  
City-St-Zip: LAKELAND, FL 33813 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, DENNIS F  
Address: 2657 LEAFY LN  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, INGERLISE L  
Address: 2657 LEAFY LN  
City-St-Zip: SARASOTA, FL 34239 US

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: INGERLISE TAYLOR

VP

04/27/2007

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