2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # L05000085894 03-22-2006 90292 005 ****50.00 JOHN'S CAR SERVICE,LLC Principal Place of Business Mailing Address 8608 S.W. 17TH STREET 8608 S.W. 17TH STREET **DAVIE, FL 33324 DAVIE, FL 33324** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 3-4305121 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEELE, JOHN M Street Address (P.O. Box Number is Not Acceptable) 8608 S.W. 17TH STREET **DAVIE, FL 33324** City 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, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. DILE MGR TITLE ☐ Change Addition NAME STEELE, JOHN M NAME STREET ADDRESS 8608 S.W. 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33324** ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dalata 11111 TITLE Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

FILED