2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# L05000109843

Entity Name: BENCHMARK TRUCK SERVICE & TIRE, LLC

Current Principal Place of Business:

4617 ELEVATION WAY
FT. MYERS, FL 33905

New Principal Place of Business:

20120 CAMPBELL RD.
N. FT. MYERS, FL 33917

Current Mailing Address:

2617 S.W. 41ST TERRACE
CAPE CORAL
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 76-0806052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KNIGHT, FRANK
2617 SW 41ST TERRACE
CAPE CORAL, FL 33914 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: SASO, ANTHONY
Address: 1772 EMERALD COVE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete
Name: KNIGHT, FRANK
Address: 2617 SW 41ST TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SASO, ANTHONY
Address: 2460 BLACKBURN CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANK KNIGHT RA 06/02/2008

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