

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90083 006 ****50.00

DOCUMENT # L06000006141

1. Entity Name

DETAIL ON WHEELS, LLC



Principal Place of Business

3934 NW 26TH AVENUE
OKEECHOBEE FL 34972

Mailing Address

3934 NW 26TH AVENUE
OKEECHOBEE FL 34972



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4115198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIJERINA, JUAN A
3934 NW 26TH AVENUE
OKEECHOBEE FL 34972

Name

Brian C. Hendon, PA

Street Address (P.O. Box Number is Not Acceptable)

8418 S. US Hwy 1

City

Port St. Louis

FL

Zip Code

38952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

[Signature]

2/6/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
TIJERINA, JUAN A
3934 NW 26TH AVENUE
OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
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CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

2-15-07