2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000039042

FLEET SERVICES OF VOLUSIA, LLC



			<u> </u>			
Principal Plac	e of Business	Mailing Address				
1527 LANGLEY AVE.		1527 LANGLEY AVE.		60004250		
DELAND, FL 32724		DELAND, FL 32724		0000		
		·				
Principal Place of Business - No P.O. Box # Mailing Address						
Dita A - H - I						
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		01222008 Chg-LLC CR2	2E083 (12/06)	
City & Class					· · · · · · · · · · · · · · · · · · ·	
City & State				4. FEI Number	Applied For	
7:-		77		20-4693232	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
-	6 Name and Address of Current	Bacietared Agent	<u> </u>	7. Name and Address of Nam Devictor	,	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
SPIEGEL & UTRERA, P.A.			, vanie	Number 1		
1840 SW 22ND ST.			Street Address (P.O. Box Number is Not Acceptable)			
4TH FLOOR						
MIAMI, FL 33145						
			City		Zip Code	
			J 5,	1	EL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I	am familiar with, and accept	
the obligat	tions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ured when reinstating) DA	TE	
					-	
FILE NOW!!! FEE IS \$138,75				Make check payable to		
After May	/ 1, 2008 Fee will be \$538.79			Florida Depar	-4	
	, .,			1 101144 2 494	riment of State	
9.	MANAGING MEMBE	ERS/MANAGERS	10.	ADDITIONS/CHANG	GES	
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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.

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1/24/08 381-734-6533

☐ Change

☐ Addition

FILED

Jan 28, 2008 8:00 am Secretary of State 01-28-2008 90070 001 ***138.75