

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045245

Entity Name: EB TIRE LLC

FILED
Jun 08, 2009
Secretary of State

Current Principal Place of Business:

215 MURRAY ST
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

104 SMITH ST
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

215 MURRAY ST
NEW SMYRNA BEACH, FL 32168

FEI Number: 33-1137847 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:

GAYLE, GORLEWSKI
215 MURRAY ST
NEW SMYRNA, FL 32168 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: MGR () Delete
Name: WATER, HUGH C IV
Address: 215 MURRAY ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR () Delete
Name: HARRISON, ANDREW M
Address: 215 MURRAY ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATERS, HUGH C IV
Address: 104 SMITH STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change () Addition
Name: HARRISON, ANDREW M
Address: 1387 SHADY BRANCH TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Change (X) Addition
Name: GAYLE, GORLEWSKI
Address: 215 MURRAY ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: HUGH WATERS

MGRM

06/08/2009

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