

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099205

Entity Name: SRC RENTALS, LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

3402 N 15TH STREET  
TAMPA, FL 33605

## New Principal Place of Business:

1501 E SLIGH AVE  
TAMPA, FL 33610

## Current Mailing Address:

3402 N 15TH STREET  
TAMPA, FL 33605

## New Mailing Address:

1501 E SLIGH AVE  
TAMPA, FL 33610

FEI Number: 51-0607045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARCARY, SHAUN  
5032 SOUTHAMPTON CIRCLE  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

CARCARY, SHAUN  
2935 W LAWN AVE  
TAMPA, FL 33611 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CARCARY, SHAUN  
Address: 5032 SOUTHAMPTON CIRCLE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: SHONA, CARCARY  
Address: 5032 SOUTHAMPTON CIRCLE  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CARCARY, SHAUN  
Address: 2935 W LAWN AVE  
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Change ( ) Addition  
Name: SHONA, CARCARY  
Address: 2935 W LAWN AVE  
City-St-Zip: TAMPA, FL 33611

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: SHAUN CARCARY

MGRM

04/28/2008

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