

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118041

FILED
Jan 13, 2009
Secretary of State

Entity Name: EUROCAR TECHNOLOGY, L.L.C.

Current Principal Place of Business:

2775 OLD DIXIE HWY STE I & J
KISSIMMEE, FL 34744

New Principal Place of Business:

701 EAST CARROLL STREET
KISSIMMEE, FL 34744

Current Mailing Address:

2775 OLD DIXIE HWY STE I & J
KISSIMMEE, FL 34744

New Mailing Address:

701 EAST CARROLL STREET
KISSIMMEE, FL 34744

FEI Number: 20-8047467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARCELINO
2775 OLD DIXIE HWY STE I & J
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

GARCIA, MARCELINO
701 EAST CARROLL STREET
KISSIMMEE, FL 34744 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: MARCELINGO GARCIA

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, MARCELINO
Address: 2775 OLD DIXIE HWY STE I & J
City-St-Zip: KISSIMMEE, FL 34744

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GARCIA, MARCELINO
Address: 701 EAST CARROLL STREET
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Change (X) Addition
Name: CARRASQUILLO, NOEMI E
Address: 701 EAST CARROLL STREET
City-St-Zip: KISSIMMEE, FL 34744

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: MARCELINO GARCIA

P

01/13/2009

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