

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
Mar 13, 2008 8:00 am
Secretary of State

02-21-2008 90064 001 ***138.75

30002031



01102008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000002166

1. Entity Name
TRIPPLE R RENT A CAR LLC



Principal Place of Business
300 MARY ESTER PARKWAY
SEARS AUTO CENTER
MARY ESTER, FL 32569 US

Mailing Address
300 MARY ESTER PARKWAY
SEARS AUTO CENTER
MARY ESTER, FL 32569 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-1022756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURCHISON, REBECCA D
4295 REBECCA RD.
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

2/16/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME REBECCA, MURCHISON D
STREET ADDRESS 4295 REBECCA RD.
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Rebecca D. Murchison*

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

Date

Daytime Phone #

2/16/08 850 243-4253