

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90021 001 \*\*\*138.75

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|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L07000011398</b><br>1. Entity Name<br>THE PIT STOP LLC   |   |  |  |   |  |
| Principal Place of Business<br>8303 INDIAN RIVER DRIVE<br>PORT SAINT LUCIE, FL 34986   |   |  | Mailing Address<br>8303 INDIAN RIVER DRIVE<br>PORT SAINT LUCIE, FL 34986 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>320 WEST MONTAUK HWY |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |  |   |  |
| City & State   |   | City & State<br>HAMPTON BAYS, N.Y.         |  | 4. FEI Number<br>56-2645161   |  |
| Zip  |   | Country                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |
| Zip<br>11946   |   | Country<br>U.S.                            |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>HAMILTON, JOHN C<br>8303 INDIAN RIVER DRIVE<br>PORT SAINT LUCIE, FL 34986   |   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>       |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HAMILTON, JOHN C<br>38 FLAGG HILL DRIVE<br>CALVERTON, NY 11933 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  |   |  |
| <small>Date</small>  |   |  |  | <small>Daytime Phone #</small>  |  |