


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

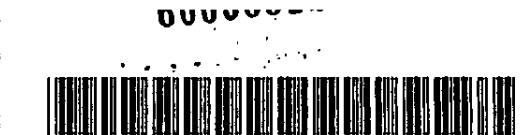
05-05-2008 90033 039 ***143.75

DOCUMENT # L07000025670	
1. Entity Name DOUG&SONS TIRE SERVICE LLC	

Principal Place of Business 9862-8 TH AVE ORLANDO, FL 32824 US	Mailing Address P.O.BOX 772302 ORLANDO, FL 32877 US
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2. Principal Place of Business - No P.O. Box # 1007-8th Street	3. Mailing Address P.O. Box 772302
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
- Zip 32824	Country US
Zip 32824	Country US



04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAJDYK, CHRISTINE D 9862-8TH AVE ORLANDO, FL 32824	
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7. Name and Address of New Registered Agent Name Sajdyk, Christine D Street Address (P.O. Box Number is Not Acceptable) 1007-8th Street City Orlando FL Zip Code 32824	
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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 Christine D. Sajdyk <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-25-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAJDYK, DOUGLAS L 9862-8TH AVE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sajdyk, Douglas 1007-8th Street Orlando, FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christine D. Sajdyk <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4-25-08 (301) 202-7347 <small>Daytime Phone #</small>