2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051531

Current Principal Place of Business:

Entity Name: COMPLETE FLEET CARE, LLC

FILED Sep 23, 2008 Secretary of State

6113 CAUSEWAY BLVD 6408 N. 53RD ST TAMPA, FL 33619 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 6113 CAUSEWAY BLVD PO BOX 1553 VALRICO, FL 33594 TAMPA, FL 33619 FEI Number: 32-0177799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODY, WILLIAM E WOODY, WILLIAM E 6408 N. 53RD ST 6113 CAÚSEWAY BLVD TAMPA, FL 33610 US TAMPA, FL 33619 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: 09/23/2008 Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGR () Delete

WOODY, WILLIAM E Name: Address: 4102 SILVER LANE City-St-Zip: VALRICO, FL 33594

Title: MGR () Delete Name: PRICE, BILLY R Address: 4003 THACKERY WAY City-St-Zip: PLANT CITY, FL 33566 ADDITIONS/CHANGES:

() Change () Addition

Date

() Change () Addition

New Principal Place of Business:

City-St-Zip: Title:

Name: Address: City-St-Zip:

Title:

Name:

Address:

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: WILLIAM E WOODY 09/23/2008