2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# L07000051531

Entity Name: COMPLETE FLEET CARE, LLC

Current Principal Place of Business:

6408 N. 53RD ST
TAMPA, FL 33610

New Principal Place of Business:

4102 SILVER LANE
VALRICO, FL 33594

Current Mailing Address:

PO BOX 1553
VALRICO, FL 33594

New Mailing Address:

FEI Number: 32-0177799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODY, WILLIAM E
6408 N. 53RD ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

WOODY, WILLIAM E
4102 SILVER LANE
VALRICO, FL 33594 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: 03/04/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WOODY, WILLIAM E
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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 PRES 03/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date