FILED

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY, MAY 1, 2008

Mar 12, 2008 8:00 am Secretary of State DOCUMENT # L07000058017 1. Entity Name 03-12-2008 90240 003 ***138.75 GLENN'S DIESEL REPAIR, LLC Principal Prace of Business Mailing Address 2416 BRIARWOOD LANE 2416 BRIARWOOD LANE EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 26-0330570 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INCORPORATE USA, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLEARWATER FL 33761** City Zip Code 8. The glove 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 Significant, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGRM 7:TLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GALCZYNSKI, GLENN NAME STREET ADDRESS 2416 BRIARWOOD LANE STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Diff Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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