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Apr 10, 2008 8:00 am
Secretary of State
02-21-2008 90065 017 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000059551

1. Entity Name
VIC'S MOBILE FLEET SERVICE, LLC

30003618

Principal Place of Business	Mailing Address
1139 N. EUCLID AVE SARASOTA, FL 34237	P.O. BOX 244 SARASOTA, FL 34230

02042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0368963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURCHIARELLI, VICTOR F JR. 1139 N. EUCLID AVE SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Victor F Turchiarelli Jr 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE	MGRM	TITLE	Pres.
NAME	TURCHIARELLI, VICTOR F JR.	NAME	Turchiarelli, Victor F. JR.
STREET ADDRESS	1139 N. EUCLID AVE	STREET ADDRESS	1139 N. Euclid Ave.
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	Sarasota, FL 34237
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: Victor F Turchiarelli Jr 4.7.08 (941)809-3426
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, RECEIVER, TRUSTEE, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #