


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90249 049 ***138.75

DOCUMENT # L07000104911	
1. Entity Name POWER BRAKE HOLDINGS, LLC	

Principal Place of Business 7610 INDUSTRIAL LN 9-1 TAMPA, FL 33637	Mailing Address 7610 INDUSTRIAL LN 9-1 TAMPA, FL 33637
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00014303

2. Principal Place of Business - No P.O. Box # 4351 B 34th St. N.	3. Mailing Address 4351 B 34th St. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. Petersburg, FL	City & State ST. Petersburg, FL
Zip 33714	Zip 33714
Country Pinellas	Country Pinellas

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1251536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. % HUNTER J. BROWNLEE 501 E KENNEDY BLVD - STE 1700 TAMPA, FL 33602

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
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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

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: _____	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		