## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					LED	
DOCUMENT #L07000124945					144	
1. Entity Name ERIC'S DIESEL, LLC			)	08 SEP 2	4 PM 2: 16	
		To the second se		SECRETAI	RY OF STATE See Florida	
Principal Place of Business Mailing Address 555 CAREY WAY 555 CAREY WAY				HALLAHAS	SEE FLORIDA	
ORLANDO, FL 32825 ORLANDO, FL 32825 US		US				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address					
555 Coccu Way 557 Cus		Cut en Way	1	<b>                                    </b>	8181   11818   11811   81818   1 <del>8</del> 111   84881   111881	
Sulte, Apt. #, etc.		<i>J V</i>	07082008	Chg-LLC	CR2E083 (12/06)	
City & State	City & State	7/	4. FEI Numb	Der 26-05	. 7// / 5/7"	lied For Applicable
Zip Country	Zip Zip	Country	5. Certificate	e of Status Desired	\$5.00 Additi	onal
6. Name and Address of Curr	ent Registered Agent	Name	7. Name an	d Address of New	Registered Agent	
CORDERO, ERIC R		Street Address (P.O. Box Number is Not Acceptable)				
555 CAREY WAY ORLANDO, FL 32825	Street Address	Sireet Address (F.O. box Number is Not Acceptable)				
		City			FL Zip Code	
8. The above named entity submits this statement	nt for the purpose of changing its	registered office or registe	ered agent, or b	oth, in the State of I	r L j	nd accept
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable. {NOTE	: Registered Agent signature require	ed when reinstating)		PATE // US	_
FILE NOWIII FEE IS \$138.75  Due by September 12, 2008  In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not			the limited otice.		ike check payable to da Department of State	
<del></del>	MBERS/MANAGERS	10.		ADDITION	S/CHANGES	
NAME CORDERO, ERIC R STREET ADDRESS 555 CAREY WAY CITY-ST-ZIP ORLANDO, FL 32825	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	0972	<del>98136</del>	3062769° 2-009**143.	□ Addition   75
TITLE MGR	☐ Delete	TITLE			☐ Change	Addition
NAME RIVERA, MARITZA STREET ADDRESS 555 CAREY WAY		NAME Street address				
CITY-ST-ZIP ORLANDO, FL 32825		CITY-ST-ZIP				
TITLÉ NAME	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
FIRE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS GITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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: CMC COLCUS 107-557-6754 9-10-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Descriptor Proce of						