2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000047254

Entity Name: COMMUTER CARS LLC

Current Principal Place of Business:

1632 SE S NIEMEYER CIRCLE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

6420 S. US 1
PORT ST LUCIE, FL 34952

Current Mailing Address:

1641 SW ABINGDON AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

6420 S. US 1
PORT ST LUCIE, FL 34952

FEI Number: 26-2586252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, RYAN M
1641 SW ABINGDON AVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EVANS, RYAN M
Address: 1641 SW ABINGDON AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGR ( ) Delete
Name: BRIDGE, BRIAN P
Address: 1302 SE CARRINGTON CT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR ( ) Delete
Name: GILES, ANGELA J
Address: 1641 SW ABINGDON AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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: BRIAN P. BRIDGE MGR 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date