

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067110

FILED
May 07, 2009
Secretary of State

Entity Name: TIRE CONNECTION PLUS L.L.C.

Current Principal Place of Business:

10995 N. MAIN ST.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10995 N. MAIN ST.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 26-2932751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEDSON, ROBERT C SR.
11325 VERA DR.
JACKSONVILLE, FL 32218 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: ALLBRITTON, MARY D
Address: 85045 ASHLEY AVE.
City-St-Zip: YULEE, FL 32097

Title: MGRM () Delete
Name: ALLBRITTON, JAMES N
Address: 96753 CHESTER AVE.
City-St-Zip: YULEE, FL 32097

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLEDSON, ROBERT C SR
Address: 11325 VERA DRIVE.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change () Addition
Name: BLEDSON, MARY D
Address: 11325 VERA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Change (X) Addition
Name: ALLBRITTON, JAMES N
Address: 96753 CHESTER ROAD
City-St-Zip: YULEE, FL 32097

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: ROBERT C BLEDSON SR

MGR

05/07/2009

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