

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082127

FILED
May 06, 2009
Secretary of State

Entity Name: MIKE'S CAR CARRIER LLC

Current Principal Place of Business:

5605 SPANISH RIVER RD
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

5605 SPANISH RIVER RD
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 50-0004466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIRANDA, JOSE N
5605 SPANISH RIVER RD
FORT PIERCE, FL 34951 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: MIRANDA, JOSE N
Address: 5605 SPANISH RIVER RD
City-St-Zip: FORT PIERCE, FL 34951

Title: MGR () Delete
Name: MIRANDA, DARSSY
Address: 5605 SPANISH RIVER RD
City-St-Zip: FORT PIERCE, FL 34951

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MIRANDA, FATIMA
Address: 5605 SPANISH RIVER RD
City-St-Zip: FORT PIERCE, FL 34951

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: JOSE N MIRANDA

MGR

05/06/2009

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