

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103403

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

**Entity Name:** BANNER CAR CARE & TIRE CENTER OF POMPANO, LLC

**Current Principal Place of Business:**

4141 N. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4141 N. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 26-3660787      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATNER, RYAN S ESQ.  
% BUTZEL LONG, P.C.  
SUITE 420, 1200 NORTH FED HIGHWAY  
BOCA RATON, FL 33432 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: SERVICE FIRST AUTOMOTIVE, LLC  
Address: 4141 N. FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete  
Name: 3 SONS, LLC  
Address: 4141 N. FEDERAL HIGHWAY  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES:**

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: PHYLLIS SHAPIRO

MEMB

04/26/2009

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