

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068810

**FILED**  
**Jun 29, 2010**  
**Secretary of State**

**Entity Name:** DOMINGUEZ TIRE REPAIR LLC.

**Current Principal Place of Business:**

5125 GLENGARY RD  
WIMAUMA, FL 33598

**New Principal Place of Business:**

5112 US HIGHWAY 92 W  
PLANT CITY, FL 33563

**Current Mailing Address:**

5125 GLENGARY RD  
WIMAUMA, FL 33598

**New Mailing Address:**

**FEI Number:** 27-0561201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMINGUEZ, FIDEL J  
5125 GLENGARRY ROAD  
WIMAUMA, FL 33598 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:** PRES  
**Name:** DOMINGUEZ, FIDEL J  
**Address:** 5125 GLENGARRY ROAD  
**City-St-Zip:** WIMAUMA, FL 33598 US

**Title:** MNG  
**Name:** DOMINGUEZ, FERNANDO  
**Address:** 5125 GLENGARRY ROAD  
**City-St-Zip:** WIMAUMA, FL 33598 US

**Title:** ASST  
**Name:** DOMINGUEZ, FLAVIO  
**Address:** 5125 GLENGARRY ROAD  
**City-St-Zip:** WIMAUMA, FL 33598 US

I hereby 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:** FIDEL DOMINGUEZ

PRES

06/29/2010

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