

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90025 008 ****55.00

DOCUMENT # M02000003214

1. Entity Name

LAFAYETTE COUNTY CAR COMPANY, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Action Avenue

3. Mailing Address

PO Box 140

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Odessa, MO 64076

City & State

Odessa, MO 64076

4. FEI Number

43-1816364

Applied For

☒ Not Applicable

Zip
64076

Country
USA

Zip
64076

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Business Filings, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1000 West Avenue, Suite 1114

City Miami Beach

FL

Zip Code 33139

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager-MGR
Bruce Bellington
One Action Avenue
Odessa, MO 64076

TITLE
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CITY-ST-ZIP

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *B Bellington* Bruce Bellington, MGR.

2-17-03

816-633-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #