

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002584

1. Entity Name
WHEEL SPECIALTIES, LTD. CO.



Principal Place of Business
6602 EXECUTIVE PARK CT., SUITE 201
JACKSONVILLE, FL 32216

Mailing Address
27540 DETROIT RD
SUITE 204
WESTLAKE, OH 44145

U000000942080
05/29/08-80006-006 138.75



DO NOT WRITE IN THIS SPACE

03062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
31-1508908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLACE, DON
6602 EXECUTIVE PARK CT., SUITE 201
JACKSONVILLE, FL 32216

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAMB, MARK
3705 EAGLES NEXT COURT
EDGEWATER, MD 21037

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ✓

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

4-14-08

Date

440-899-8144

Daytime Phone #