

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000644

Entity Name: TIRE CENTERS, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

310 INGLESBY PARKWAY
DUNCAN, SC 293340218

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPT
P.O. BOX 218
DUNCAN, SC 29334

New Mailing Address:

FEI Number: 58-2462533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MICALI, JAMES M
Address: ONE PARKWAY SOUTH
City-St-Zip: GREENVILLE, SC 29615

Title: MGR () Delete
Name: LE CORRE, ERIC
Address: ONE PARKWAY SOUTH
City-St-Zip: GREENVILLE, SC 29615

Title: MGR () Delete
Name: FINNEY, JOE
Address: 310 INGLESBY PARKWAY
City-St-Zip: DUNCAN, SC 29334

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILKERSON, RICHARD N
Address: ONE PARKWAY SOUTH
City-St-Zip: GREENVILLE, SC 29615

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: JOE FINNEY

MGR

03/31/2009

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