

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010362

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** NORTHAMERICAN AUTOMOTIVE FORENSIC CONSULTANTS LLC

**Current Principal Place of Business:**

8920 BRIDGEPORT BAY CIRCLE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

8920 BRIDGEPORT BAY CIRCLE  
MT. DORA, FL 32757

**New Mailing Address:**

P O BOX 957  
MOUNT DORA, FL 32756

**FEI Number:** 27-1789583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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  
**Name:** MANGINE, SHARON  
**Address:** 8920 BRIDGEPORT BAY CIRCLE  
**City-St-Zip:** MT. DORA, FL 32757

**Title:** MEMB  
**Name:** ROBERT, MANGINE  
**Address:** 8920 BRIDGEPORT BAY CIRCLE  
**City-St-Zip:** MOUNT DORA, FL 32757

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:** SHARON MANGINE

MGR

01/04/2012

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