

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070496

**Entity Name:** STOP AND SAVE AUTO REPAIR LLC

**Current Principal Place of Business:**

501 SOUTH FALKENBURG ROAD  
SUITE C15  
TAMPA, FL 33619

**Current Mailing Address:**

501 SOUTH FALKENBURG ROAD  
SUITE C15  
TAMPA, FL 33619

**FEI Number:** 27-2965795

**Certificate of Status Desired:** No

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

LYONS, NORMAN S  
501 SOUTH FALKENBURG ROAD  
SUITE C15  
TAMPA, FL 33619 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name LYONS, NORMAN S  
Address 1824 CRAVEN DRIVE  
City-State-Zip: SEFFNER FL 33584

Title MGRM  
Name LYONS, MARVILYN L  
Address 1824 CRAVEN DR  
City-State-Zip: SEFFNER FL 33584

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAN LYONS

**OWNER**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date