that my name appears above, or on an attachment with all other like empowered. 04/04/2017 OWNER

SIGNATURE: NORMAN LYONS

Electronic Signature of Signing Authorized Person(s) Detail

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

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:

Authorized Person(s) Detail :

(-)		
MGRM	Title	MGRM
LYONS, NORMAN S	Name	LYONS, MARVILYN L
1824 CRAVEN DRIVE	Address	1824 CRAVEN DR
SEFFNER FL 33584	City-State-Zip:	SEFFNER FL 33584
	MGRM LYONS, NORMAN S 1824 CRAVEN DRIVE	MGRMTitleLYONS, NORMAN SName1824 CRAVEN DRIVEAddress

Electronic Signature of Registered Agent

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

FILED Apr 04, 2017 Secretary of State CC6925206391

Certificate of Status Desired: No

Date

Date