

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000108418

**Entity Name:** GARY'S TRANSMISSION LLC

**Current Principal Place of Business:**

539 N DIXIE FRWY  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

539 N DIXIE FRWY  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ZOLLO, GARY A II  
539 N DIXIE FRWY  
NEW SMYRNA BEACH, FL 32168 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:** GARY A ZOLLO II

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZOLLO, GARY A II  
Address 539 N DIXIE FRWY  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** GARY ZOLLO

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date