

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041070

**Entity Name:** ABSOLUTE TRUCK REPAIR LLC

**Current Principal Place of Business:**

10 STOCKTON ST  
SUITE B  
JACKSONVILLE , FL 32204

**Current Mailing Address:**

10 STOCKTON ST  
SUITE B  
JACKSONVILLE , FL 32204 US

**FEI Number:** 82-0679905

**Certificate of Status Desired:** No

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

VINSON, JOHN R JR  
37312 PINERIDGE RD  
HILLIARD, FL 32046 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	AMBR	Title	AMBR
Name	VINSON, JOHN R JR	Name	VINSON, COURTNEY
Address	37312 PINERIDGE RD	Address	37312 PINERIDGE RD
City-State-Zip:	HILLIARD FL 32046	City-State-Zip:	HILLIARD FL 32046

*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:** COURTNEY VINSON

AMBR

03/12/2021

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

\_\_\_\_\_  
Date