

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022751

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Entity Name:** BRIAN GLENN TRUCK REPAIR, L.L.C.

**Current Principal Place of Business:**

14516 COUNTY LINE ROAD  
SPRING HILL, FL 34610

**New Principal Place of Business:**

**Current Mailing Address:**

14516 COUNTY LINE ROAD  
SPRING HILL, FL 34610

**New Mailing Address:**

**FEI Number:** 30-0021872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLENN, KIMBERLY A  
12819 OAK TREE DRIVE  
HUDSON, FL 34667 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:** MGRM  
**Name:** GLENN, BRIAN J  
**Address:** 12819 OAK TREE DRIVE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** MGRM  
**Name:** GLENN, KIMBERLY A  
**Address:** 12819 OAK TREE DRIVE  
**City-St-Zip:** HUDSON, FL 34667

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:** KIMBERLY A GLENN

MGRM

05/16/2012

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