

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011193

FILED
Jan 27, 2009
Secretary of State

Entity Name: ROBS TRAILER REPAIR LLC

Current Principal Place of Business:

6553 W. 5TH ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61806
JACKSONVILLE, FL 322361806

New Mailing Address:

FEI Number: 04-3642063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, RAINEY D
6553 W. 5TH ST.
JACKSONVILLE, FL 32254 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 () Delete
Name: WELCH, RAINEY D
Address: 6553 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RAINEY D. WELCH

MGRM

01/27/2009

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