2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006
Secretary of State

DOCUMENT# L02000030988

Entity Name: MOBILE DENT REPAIR, LLC

Current Principal Place of Business:

3241 10TH AVE. N.E.
NAPLES, FL 34120

New Principal Place of Business:

3665 24TH AVE SE
NAPLES, FL 34117 US

Current Mailing Address:

3241 10TH AVE. N.E.
NAPLES, FL 34120

New Mailing Address:

3665 24TH AVE SE
NAPLES, FL 34117 US

FEI Number: 06-1662157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEE, KEVIN B
3241 10TH AVE. N.E.
NAPLES, FL 34120 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: MGR ( ) Delete
Name: BEE, KEVIN B
Address: 3241 10TH AVE. N.E.
City-St-Zip: NAPLES, FL 34120

Title: MGR ( ) Delete
Name: BEE, BONNIE J
Address: 3241 10TH AVE. N.E.
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEE, KEVIN B
Address: 3665 24TH AVE SE
City-St-Zip: NAPLES, FL 34117 US

Title: MGR (X) Change ( ) Addition
Name: BEE, BONNIE J
Address: 3665 24TH AVE SE
City-St-Zip: NAPLES, FL 34117 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN B BEE MGR 08/04/2006

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