2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2007
Secretary of State

DOCUMENT# L02000030988

Entity Name: MOBILE DENT REPAIR, LLC

Current Principal Place of Business:

3665 24TH AVE SE
NAPLES, FL 34117 US

New Principal Place of Business:

1820 12TH. AVE. NE
NAPLES, FL 34120 US

Current Mailing Address:

3665 24TH AVE SE
NAPLES, FL 34117 US

New Mailing Address:

1820 12TH AVE NE
NAPLES, FL 34120 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:

BEE, KEVIN B
1820 12TH AVE NE
NAPLES, FL 34120 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: 07/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEE, KEVIN B
Address: 1820 12TH AVE NE
City-St-Zip: NAPLES, FL 34120 US

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: KEVIN B. BEE MGR 07/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date