

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041062

FILED
Jun 29, 2005
Secretary of State

Entity Name: AAA SEMI TRUCK & TRAILER REPAIRS, LLC

Current Principal Place of Business:

34415 SOUTH HAINES CREEK ROAD
LEESBURG, FL 34778

New Principal Place of Business:

Current Mailing Address:

34415 SOUTH HAINES CREEK ROAD
LEESBURG, FL 34778

New Mailing Address:

FEI Number: 56-2408458 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:

Name and Address of New Registered Agent:

SARDINNA, GREGORY
34415 SOUTH HAINES CREEK ROAD
LEESBURG, FL 34778 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SARDINNA, GREGORY
Address: 34415 SOUTH HAINES CREEK ROAD
City-St-Zip: LEESBURG, FL 34778

Title: MGR () Delete
Name: SARDINNA, JEANNE C
Address: 34415 SOUTH HAINES CREEK ROAD
City-St-Zip: LEESBURG, FL 34778

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY SARDINNA

PRES

06/29/2005

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