

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000047117

Entity Name: KUHN REPAIR SERVICES LLC

FILED  
Nov 28, 2005  
Secretary of State

**Current Principal Place of Business:**

5127 ACOMA AVE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

5127 ACOMA AVE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: 90-0123967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KUHN, DONALD L III  
5127 ACOMA AVE  
JACKSONVILLE, FL 32210 US

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

KUHN, DONALD L MR  
5127 ACOMA AVE  
JACKSONVILLE, FL 32210 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: DONALD L KUHN

11/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KUHN, DONALD L III  
Address: 5127 ACOMA AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KUHN, DONALD L MR  
Address: 5127 ACOMA AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM ( ) Change (X) Addition  
Name: KUHN, CARMELA P MRS  
Address: 5127 ACOMA AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM ( ) Change (X) Addition  
Name: KUHN, JOSHUA M MR  
Address: 5127 ACOMA AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

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: DONALD L KUHN

MGR

11/28/2005

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