

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056917

Entity Name: JIM LANE'S REPAIR, LLC

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3887 KELSON ST  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

3887 KELSON ST  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 34-2013510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANE, JIM  
3887 KELSON ST  
PACE, FL 32571 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: LANE, JIM  
Address: 3887 KELSON ST  
City-St-Zip: PACE, FL 32571

**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: JIM LANE

M/M

03/03/2009

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