2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90093 034 ****55.00

DOCUMENT # L04000006999

1. Entity Name
MOBILE REPAIR SERVICES, LLC.

Principal Place of Business	Mailing Address
706 NW BUCK HENDRY WAY STUART, FL 34997	706 NW BUCK HENDRY WAY STUART, FL 34997

01182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	706 N.W. Buck Hendry Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Stuart, Fl.
Zip / Country	Zip: 34994 / Country: USA

4. FEI Number: 04-3783868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, CHARLES R L 725 N. A1A, SUITE E-102 JUPITER, FL 33477	Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

~~SIGNATURE~~ CORRECTED ZIP CODE ONLY

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SONNER, RONALD W		NAME		
STREET ADDRESS	706 NW BUCK HENDRY WAY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	34994	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Ronald W. Sonner [signature] 1/18/05 772-692-4759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #