

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032846

FILED
Feb 21, 2009
Secretary of State

Entity Name: LUBRICATION SPECIALISTS OF NORTHEAST FLORIDA, LLC

Current Principal Place of Business:

4941 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4941 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 93-1335942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORE', INDIA
4941 MARINERS POINT DRIVE
JACKSONVILLE, FL, FL 32225 US

Name and Address of New Registered Agent:

DORE', INDIA
4941 MARINERS POINT DRIVE
JACKSONVILLE, FL 32225 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:

02/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KURTZ, BASCOM P
Address: 4941 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM () Delete
Name: PALMER, GARY
Address: 4941 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

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 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: BASCOM P KURTZ

MGRM

02/21/2009

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