

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90182 005 ****50.00

DOCUMENT # L04000043437

1. Entity Name

ALL FLEET AUTOBODY, LLC



Principal Place of Business

4854 DISTRIBUTION COURT
ORLANDO FL 32817

Mailing Address

4854 DISTRIBUTION COURT
ORLANDO FL 32817

2. Principal Place of Business - No P.O. Box #

8160 S. Orange Ave
Suite, Apt. #, etc.

3. Mailing Address

8160 S. Orange Ave
Suite, Apt. #, etc.

City & State

Orl Fla

City & State

Orl Fla

4. FEI Number

20-1218999

Applied For

Not Applicable

Zip

32809

Country

orange

Zip

32809

Country

orange

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MIRTHA V CPA
420 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name Tom Farmer

Street Address (P.O. Box Number is Not Acceptable)

8160 S. Orange Ave

City

Orl

FL

Zip Code

32809

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

Tom Farmer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/16/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FARMER, WILLIAM T
STREET ADDRESS 4854 DISTRIBUTION COURT
CITY ST ZIP ORLANDO FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Tom Farmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/16/07 407-582-9255

Date

Daytime Phone #