
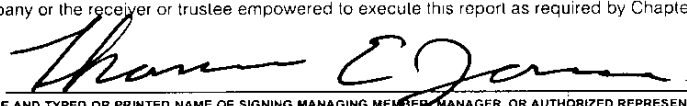


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90198 050 ****50.00

DOCUMENT # L04000068572					
1. Entity Name ED'S AUTO REPAIR, LLC					
Principal Place of Business 3825 STATE ROAD 60 WEST MULBERRY, FL 33860 US			Mailing Address P. O. BOX 998 MULBERRY, FL 33860 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1640457	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, THOMAS E 3825 STATE ROAD 60 WEST MULBERRY, FL 33860			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, THOMAS E 3825 STATE ROAD 60 WEST MULBERRY, FL 33860 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				2-15-07 863-425-8438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	



02042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1640457 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

JONES, THOMAS E
3825 STATE ROAD 60 WEST
MULBERRY, FL 33860

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

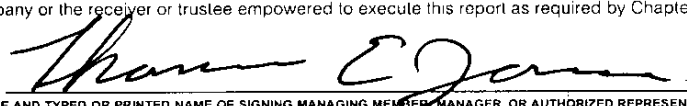
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