

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082262

Entity Name: MODULAR REPAIR, LLC

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

3913 W SAN MIGUEL ST  
TAMPA, FL 33629

## New Principal Place of Business:

502 SOUTH FREMONT AVE  
504  
TAMPA, FL 33606

## Current Mailing Address:

3913 W SAN MIGUEL ST  
TAMPA, FL 33629

## New Mailing Address:

P.O. BOX 18151  
TAMPA, FL 33679 US

FEI Number: 20-2063407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOGAN, DIL  
3913 W SAN MIGUEL ST  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

HOGAN, DIL  
502 SOUTH FREMONT AVE  
504  
TAMPA, FL 33606 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:

04/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: HOGAN, DIL  
Address: 3913 W SAN MIGUEL ST  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HOGAN, DIL  
Address: 502 SOUTH FREMONT AVE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIL HOGAN

MGR

04/21/2005

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