2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085243 ^

1. Entity Name

PERRY WRECKER SERVICE, LLC



FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1057 MORNING STROLL LN ACKSONVILLE, FL 32221

P.O. BOX 6772 JACKSONVILLE, FL 32254



DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1973499

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, WALTER H JR. 1057 MORNING STROLL LN JACKSONVILLE, FL 32221

DO NOT WRITE

The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registere	ed office or registered ac	gent, or both, in the State of Florida. I am familiar with, and accep	it
SIGNATURE	nd title if applicable. (NOTE: Registered	d Agent signature required when o	reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007	1. 10 - 6125 ⁷ 10 - 66 3 - 620 - 6	ł ,		
9. MANAGING MEMBEI TITLE MGR NAME NEW PERRY FORD-MERCURY, STREET ADDRESS 1057 MORNING STROLL LN CITY-ST-ZIP JACKSONVILLE, FL 32221		in the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000662921 03/21/07-80032-010 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WALIER I

2. 3/6/01 904-781-016,

Daytime Phone ∉