

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000002476

1. Entity Name
WETZEL'S REPAIR SERVICE, LLC



Principal Place of Business
**1197 TIGER TRACE BLVD.
GULF BREEZE, FL 32563 US**

Mailing Address
**1197 TIGER TRACE BLVD.
GULF BREEZE, FL 32563 US**



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3799065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WETZEL, WILLIAM T
1197 TIGER TRACE BLVD.
GULF BREEZE, FL 3256**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WETZEL, WILLIAM T
STREET ADDRESS	1197 TIGER TRACE BLVD.
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	
NAME	
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CITY-ST-ZIP	

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03/30/07-80016-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *William T Wetzel* **WILLIAM T. WETZEL** 3/21/07 (850) 549-8225

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

Date

Daytime Phone #