


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90038 030 ****50.00

DOCUMENT # L05000003525 1. Entity Name JERRY'S AUTO & A/C REPAIR LLC			
Principal Place of Business 4 RIPPLING PLACE PALM COAST FL 32164		Mailing Address 4 RIPPLING PLACE PALM COAST FL 32164	
2. Principal Place of Business 111 Richport Lane Suite, Apt. #, etc.		3. Mailing Address 111 Richport Lane Suite, Apt. #, etc.	
City & State Edgewater FL Zip 32132 Country		City & State Edgewater FL Zip 32132 Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILL, GERALD L 4 RIPPLING PLACE PALM COAST FL 32164		7. Name and Address of New Registered Agent Name Gerald L Bill Street Address (P.O. Box Number is Not Acceptable) 111 Richport Lane City Edgewater FL Zip Code 32132	
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 <u><i>Gerald L Bill</i></u> MGR DATE 4-21-06 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR BILL, GERALD L 4 RIPPLING PLACE PALM COAST FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Bill, Gerald L 111 Richport Lane Edgewater FL 32132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u><i>Gerald L Bill</i></u> MGR 4-21-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			