2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000025168

1. Entity Name
BRUCE JOHNSON MOBILE REPAIR SERVICE, LLC

Principal Place of Business	Mailing Address
353 RICKY DRIVE	353 RICKY DRIVE
JACKSONVILLE, FL 32225	JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2476415	Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAN, JAMES A P.A.
4114 HERSCHEL STREET, #105
JACKSONVILLE, FL 32210

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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_____   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000694339
04/17/07-80014-016 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOHNSON, BRUCE W
STREET ADDRESS	353 RICKY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225

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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: _Bruce W. Johnson_   4-3-07   904-742-7659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #