


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000025168 1. Entity Name BRUCE JOHNSON MOBILE REPAIR SERVICE, LLC	
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Principal Place of Business 353 RICKY DRIVE JACKSONVILLE, FL 32225	Mailing Address 353 RICKY DRIVE JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2476415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, BRUCE W 353 RICKY DRIVE JACKSONVILLE, FL 32225
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 04/23/08-80040-011 138.75

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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 Bruce W. Johnson 4-9-08 904-742-7659

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