

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027222

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** TRADEWINDS MOBILE RV REPAIR, L.L.C.

**Current Principal Place of Business:**

428 CHILDERS ST  
#21149  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

183 RAINBOW DR., PMB 8347  
LIVINGSTON, TX 77399 US

**New Mailing Address:**

**FEI Number:** 05-0620699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'NEIL, BEE  
428 CHILDERS ST.  
#21149  
PENSACOLA, FL 32534 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** O'NEIL, BEE  
**Address:** 428 CHILDERS ST. #21149  
**City-St-Zip:** PENSACOLA, FL 32534 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** BEE O'NEIL

MGRM

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date