

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043602

**Entity Name:** MOPAR MANIAC, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

100 WILLOW AVENUE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**  
400 FOREST LAKE DR  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 20-2783381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWOFFORD, SHARON  
400 FOREST LAKE DR.  
ALTAMONTE SPRINGS, FL 32174 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: SWOFFORD, ROBERT G JR  
Address: 400 FOREST LAKE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM  
Name: SWOFFORD, SHARON  
Address: 400 FOREST LAKE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: ROBERT SWOFFORD

MR

04/27/2012

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