

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049529

Entity Name: C V R AUTO REPAIR, LLC

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

618 SE 10TH AVENUE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

SUZI'S ACCOUNTING  
P O BOX 151060  
CAPE CORAL, FL 339151060 US

**New Mailing Address:**

FEI Number: 20-2853741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SUZI'S ACCOUNTING  
2203 SE 8TH AVENUE  
CAPE CORAL, FL 33990 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 ( ) Delete  
Name: RENDON, CLAUDIO V  
Address: 618 SE 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33990 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CLAUDIO V. RENDON

MGRM

04/12/2006

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