

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063568

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: AUTOMOTIVE REMEDIES LLC

**Current Principal Place of Business:**

170 INDEPENDANCE DRIVE  
MIMS, FL 32754 US

**New Principal Place of Business:**

**Current Mailing Address:**

170 INDEPENDANCE DRIVE  
MIMS, FL 32754 US

**New Mailing Address:**

FEI Number: 20-3057568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAURA O'CONNOR  
170 INDEPENDENCE DR  
MIMS, FL 32754 US

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

O'CONNOR, LAURA W OWNER  
170 INDEPENDENCE DR  
MIMS, FL 32754 US

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: LAURA W O'CONNOR

04/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: O'CONNER, SCOTT M  
Address: 170 INDEPENDENCE DRIVE  
City-St-Zip: MIMS, FL 32754 US

Title: MGR ( ) Delete  
Name: O'CONNER, LAURA W  
Address: 170 INDEPENDENCE DRIVE  
City-St-Zip: MIMS, FL 32754 US

**ADDITIONS/CHANGES:**

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

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: SCOTT M O'CONNOR

MGR

04/02/2007

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