

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073351

Entity Name: ALL-N-ONE REPAIR, LLC.

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

645 STAFFORD TER.  
161  
ALT. SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

645 STAFFORD TER.  
161  
ALT. SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 20-3271608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERMANN, GEOFFERY D  
645 STAFFORD TER.  
161  
ALT. SPRINGS, FL 32714 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: PRES  
Name: HERMANN, GEOFFERY D  
Address: 645 STAFFORD TERRACE #161  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GEOFFERY D HERMANN

PRES

02/26/2010

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