# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 30, 2006**
**Secretary of State**

DOCUMENT# L05000098613

**Entity Name:** ACTION RV REPAIR, LLC

**Current Principal Place of Business:**

428 CHILDERS ST.,
PMB 2801
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2430,
PMB 2801
PENSACOLA, FL 32513 US

**New Mailing Address:**

**FEI Number: 20-3602726** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FREDERIKSEN, ERIC F
428 CHILDERS ST.,
PMB 2801
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 ( ) Delete
Name: FREDERIKSEN, ERIC F
Address: PO BOX 2430, PMB 2801
City-St-Zip: PENSACOLA, FL 32513 US

Title: MGRM ( ) Delete
Name: FREDERIKSEN, CAROLINE
Address: PO BOX 2430, PMB 2801
City-St-Zip: PENSACOLA, FL 32513 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition
Name: FREDERIKSEN, ERIC F
Address: PO BOX 2430, PMB 2801
City-St-Zip: PENSACOLA, FL 32513 US

Title: VP (X) Change ( ) Addition
Name: FREDERIKSEN, CAROLINE
Address: PO BOX 2430, PMB 2801
City-St-Zip: PENSACOLA, FL 32513 US

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: ERIC F. FREDERIKSEN PRES 01/30/2006

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