

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108378

Entity Name: A & B TOWING AND REPAIR, LLC

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

1124 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

## New Principal Place of Business:

39 NW IRWIN AVE  
W. MELBOURNE, FL 32904

## Current Mailing Address:

1124 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904

## New Mailing Address:

39 NW IRWIN AVE  
W. MELBOURNE, FL 32904

FEI Number: 20-3785496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NARMORE, DONNIE  
1124 W. NEW HAVEN AVE.  
W. MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

NARMORE, DONNIE  
39 NW IRWIN AVE  
W. MELBOURNE, FL 32904 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: DONNIE NARMORE

01/16/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NARMORE, DONNIE  
Address: 2600 SIMON RD.  
City-St-Zip: MELBOURNE, FL 32904 US

Title: MGR ( ) Delete  
Name: CARTER, THOMAS  
Address: 780 AUGUST ST., SE  
City-St-Zip: PALM BAY, FL 32909 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: DONNIE NARMORE

MGR

01/16/2007

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