

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002382

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: ALL IN ONE MOBILE REPAIR LLC

## Current Principal Place of Business:

359  
HUGHEY LANE  
GENEVA, FL 32732

## New Principal Place of Business:

359  
HUGHEY LANE  
GENEVA, FL 32732 US

## Current Mailing Address:

359  
HUGHEY LANE  
GENEVA, FL 32732

## New Mailing Address:

359  
HUGHEY LANE  
GENEVA, FL 32732 US

FEI Number: 20-4102024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORNER, WILLIAM D  
359 HUGHEY LANE  
GENEVA, FL 32732 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: MGR ( ) Delete  
Name: HORNER, WILLIAM D  
Address: 359 HUGHEY LANE  
City-St-Zip: GENEVA, FL 32732

Title: MGR ( ) Delete  
Name: HORNER, KATHY H  
Address: 359 HUGHEY LANE  
City-St-Zip: GENEVA, FL 32732

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HORNER, WILLIAM D  
Address: 359 HUGHEY LANE  
City-St-Zip: GENEVA, FL 32732 US

Title: MGR (X) Change ( ) Addition  
Name: HORNER, KATHY H  
Address: 359 HUGHEY LANE  
City-St-Zip: GENEVA, FL 32732 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM D. HORNER

MGR

01/17/2009

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