

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011826		
1. Entity Name DAVID COMBS MINOR REPAIR LLC		

Principal Place of Business 25337 NE WHITEHEAD RD HOSFORD, FL 32334	Mailing Address 25337 NE WHITEHEAD RD HOSFORD, FL 32334
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number APPLIED FOR		Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent COMBS, DAVID 25337 NE WHITEHEAD RD HOSFORD, FL 32334	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBS, DAVID 25337 NE WHITEHEAD RD HOSFORD, FL 32334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200116364512 01/29/08--01037--012 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.	
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SIGNATURE: <u>David Combs</u>	Date: <u>1-26-08</u>	Daytime Phone #: <u>8501643-8871</u>
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FILED
08 JAN 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242008 Chg-LLC CR2E083 (12/06)