

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049537

**FILED**  
**Sep 21, 2011**  
**Secretary of State**

**Entity Name:** THE REPAIR DEPARTMENT, LLC

**Current Principal Place of Business:**

2920 S.E. 22ND AVE.  
CAPE CORAL,, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2920 S.E. 22ND AVE.  
CAPE CORAL, FL 33904

**New Mailing Address:**

2840 ARBUTUS STREET  
NAPLES, FL 34112

**FEI Number:** 20-4867371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASHFORD, ANDREA M  
2290 S.E. 22ND AVE.  
CAPE CORAL,, FL 33904 US

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

PLANTE, ROBERT W  
2840 ARBUTUS STREET  
NAPLES, FL 34112 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: ROBERT W. PLANTE

09/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMBR  
Name: PLANTE, ROBERT W  
Address: 2840 ARBUTUS STREET  
City-St-Zip: NAPLES, FL 34112 US

Title: MGR  
Name: TRENT, RICHARD D  
Address: 2920 S.E. 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33904

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: ROBERT W. PLANTE

MMBR

09/21/2011

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