

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000066475

**Entity Name:** ST. LUCIE WRECKING LLC

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

902 SE BREAKWATER AVE.  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680958  
MIAMI, FL 33168

**New Mailing Address:**

P O BOX 680 958  
MIAMI, FL 33168

**FEI Number:** 22-3937481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TACURY, GEORGE MGR  
902 SE BREAKWATER AVE  
PORT ST LUCIE, FL 34983 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  
Name: TACURY, GEORGE  
Address: 902 SE BREAKWATER AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: GEORGE TACURY

MGR

05/24/2012

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