

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

02-22-2007 90274 022 ****50.00

DOCUMENT # L06000085063					
1. Entity Name MR. D'S AUTO BODY, LLC					
Principal Place of Business 161 SEBASTIAN BLVD., SUITE 305 SEBASTIAN, FL 32958			Mailing Address 161 SEBASTIAN BLVD., SUITE 305 SEBASTIAN, FL 32958		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5572822				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DONINI, ANTHONY CPA 1331 N. CENTRAL AVENUE SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name: <u>DONINI, ANTHONY CPA</u> Street Address (P.O. Box Number is Not Acceptable): <u>1623 USHWY 1 SUITE B-4</u> City: <u>SEBASTIAN</u> FL Zip Code: <u>32958</u>		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANKLIN, DAVID O 161 SEBASTIAN BLVD., SUITE 305 SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			Date: <u>3-20-07</u>		
SIGNATURE:			Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					