

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000093459

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CAMS MOBILE AUTO REPAIR & AUTO GLASS INSTALLATION LLC

**Current Principal Place of Business:**

10198 SE 32 AVE  
OCALA, FL 34480 US

**New Principal Place of Business:**

175 MARION OAKS PASS  
OCALA, FL 34473 US

**Current Mailing Address:**

10198 SE 32 AVE  
OCALA, FL 34480 US

**New Mailing Address:**

175 MARION OAKS PASS  
OCALA, FL 34473 US

**FEI Number:** 51-0601894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHADBOURNE, STEVE J SR  
10198 SE 32 AVE  
OCALA, FL 34480 US

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

CHADBOURNE, STEVE J SR  
175 MARION OAKS PASS  
OCALA, FL 34473 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:

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHADBOURNE, STEVE J SR  
Address: 175 MARION OAKS PASS  
City-St-Zip: Ocala, FL 34473 US

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: STEVE J CHADBOURNE SR

MGRM

04/26/2011

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