2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

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DOCUMENT # L0700009267 1. Enlity Name MOBILE MECHANIC, LLC.							02-08-2008 9	90096 040 '	·**138	8.75
Principal Place of Business 301A SOUTH SEABOARD AVENUE VENICE, FL 34285 US			Mailing Address 625 MOBILE ROAD VENICE, FL 34293 US			60006785				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02042008	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FEI Numi		970		plied For t Applicable
Zip	Country		Zip	Country	•		e of Status Desired		00 Add Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
Name										
MCDANIE 625 MOBII VENICE, F		ETH C	Street Address		Street Address	(P.O. Box Number is Not Acceptable)				
VEITIOE, 1	L 04233									
Cit						FL Zip Code				
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										
	organiaro, typod o	A protect forme or registered agent at	unice apparation. (HOTE	. Hegister A	yent signature require	O WITET TEXTS ABOUT	J	DATE		
		FEE IS \$138.75 Fee will be \$538.75				Make check payable to Florida Department of State				
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS	625 MOBII		☐ Delete	TITLE NAME Street A				, □	Change	Addition
CITY-\$1-ZIP	VENICE, F	VENICE, FL 34293 ciry		CITY-ST	- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR		NAME STREET A		·			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAM SIR		TITLE NAME STREET A CITY-ST					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST					Change	Addition
TITLE NAME			□ Delete	TITLE NAME					Change	☐ 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 arguments shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited (tability company or the receiver or fustee emproyeed to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SQUE LET ME CONTROL TENDEN ME DANIELS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Fel. 6, 08

941-468-05-