

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014233

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ACUMEN AUTO SOLUTIONS, LLC

**Current Principal Place of Business:**

9262 SW 1ST STREET  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9262 SW 1ST STREET  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 71-1026562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, GARVIN  
9262 SW 1ST STREET  
PLANTATION, FL 33324 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: MGRM ( ) Delete  
Name: ROBINSON, GARVIN C  
Address: 9262 SW 1ST STREET  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ROBINSON, MACK  
Address: 111 GREENMEDOW CIR  
City-St-Zip: PITTSBURG, CA 94565 CC

Title: MGRM ( ) Change (X) Addition  
Name: ROBINSON, MACK  
Address: 707 SANDY BROOK CT  
City-St-Zip: RODEO, CA 94572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARVIN ROBINSON

RA

04/30/2008

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