



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90313 031 \*\*\*143.75

<b>DOCUMENT # L07000029654</b> 1. Entity Name <b>ABSTRACT RECOVERY &amp; TOWING, LLC</b>					
Principal Place of Business <b>106 GLEASON COVE</b> <b>SANFORD, FL 32773</b>			Mailing Address <b>PO BOX 470818</b> ✓ <b>LAKE MONROE, FL 32747</b>		
2. Principal Place of Business - No P.O. Box # <b>321 Willowbay Ridge St</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Sanford FL</b>		City & State			
Zip <b>32771</b>	Country <b>Seminole</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ODELL, RICHARD L JR</b> <b>106 GLEASON COVE</b> <b>SANFORD, FL 32773</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>ODELL, RICHARD L JR</b> <b>106 GLEASON COVE</b> <b>SANFORD, FL 32773</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> 			Date: <b>4-15-08</b> Daytime Phone #: <b>321-377-7985</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					