

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2008-90048-044-\$50.00-\$50.00

DOCUMENT # L07000038742

1. Entity Name
R & R AUTO BODY SHOP LLC

9/26/08

FILED

08 DEC 16 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3264 S. CLEVELAND AVE
FORT MYERS, FL 33901

Mailing Address
3264 S. CLEVELAND AVE
FORT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #
9512 Fowler St.

3. Mailing Address
2512 Fowler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33901

Zip

33901

5. Name and Address of Current Registered Agent

DOA
ONE
CAPE CORAL, FL 33993

09052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

DOA & HECTOR R DIAZ LLC

Street Address (P.O. Box Number is Not Acceptable)

2512 FOWLER ST (New Address)

City

FORT MYERS FL

Zip Code

33901

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, the registered agent.

SIGNATURE

[Signature]

11/01/08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.103(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
MGR	DIAZ, ROLANDO A	308 NW 3RD LANE	CAPE CORAL, FL 33993	☐ Delete
MGR	DIAZ, HECTOR R	308 NW 3RD LANE	CAPE CORAL, FL 33993	☐ Delete
MGR	ROSARIO, RAMONA	308 NW 3RD LANE	CAPE CORAL, FL 33993	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

REINSTATEMENT 2008

without penalty

up 12/17/08

SIGN HERE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 registered agent or authorized representative to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

11/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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