

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059258

FILED
Apr 29, 2009
Secretary of State

Entity Name: BENJAMIN CHRISTIAN MOBILE AUTO REPAIR, LLC

Current Principal Place of Business:

1031 IVES DAIRY RD. SUITE 228
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 144455
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 26-0369305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROERO, ORESTES
1500 SALZEDO STREET
UNIT B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GROERO, ORESTES
230 MENDOZA AVENUE
#18
CORAL GABLES, FL 33134 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: ORESTES GROERO

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROERO, ORESTES
Address: 1500 SALZEDO STREET, UNIT B
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: GROERO, ISAURA D
Address: 1500 SALZEDO STREET, UNIT B
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GROERO, ORESTES
Address: 230 MENDOZA AVENUE #18
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM (X) Change () Addition
Name: GROERO, ISAURA D
Address: 230 MENDOZA AVENUE #18
City-St-Zip: CORAL GABLES, FL 33134 US

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: ORESTES GROERO

RA

04/29/2009

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