

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103475

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** TRI-COUNTY TOWING SERVICES LLC

**Current Principal Place of Business:**

14768 64TH COURT NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14768 64TH COURT NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

285 NW 45 ST  
BOCA RATON, FL 33431

**FEI Number:** 26-1212860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUITARD, PAUL B  
14768 64TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** MGR  
**Name:** GUITARD, PAUL B  
**Address:** 14768 64TH COURT NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** MGRM  
**Name:** LACHANCE, LAURETTE M  
**Address:** 285 NW 45TH ST  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby 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:** LAURETTE LACHANCE

MGRM

04/25/2011

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