

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110919

FILED
May 04, 2009
Secretary of State

Entity Name: PACHO'S QUALITY AUTO REPAIR, LLC

Current Principal Place of Business:

12400 SW 128 STREET, BAY #2
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

15756 SW 50 TERRACE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 26-1338691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTINEZ, JOSE F
15756 SW 50 TERRACE
MIAMI, FL 33185 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 () Delete
Name: MARTINEZ, JOSE F
Address: 15756 SW 50 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: MGR () Delete
Name: MARTINEZ, MAYERLY D
Address: 15756 SW 50 TERRACE
City-St-Zip: MIAMI, FL 33185

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MARTINEZ, RICHARD
Address: 15756 SW 50 TERRACE
City-St-Zip: MIAMI, FL 33185

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: JOSE MARTINEZ

MGR

05/04/2009

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