

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118105

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** TRANSMISSION DOCTOR AND AUTO CARE, LLC

**Current Principal Place of Business:**

14616 NW 128TH TERR  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1619  
ALACHUA, FL 32616

**New Mailing Address:**

14616 NW 128TH TERR  
ALACHUA, FL 32615

**FEI Number:** 26-1602670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKLE, THEANNA L  
23575 NW 3RD AVE  
NEWBERRY, FL 32669 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: MGRM ( ) Delete  
Name: MARKLE, JAMES A  
Address: PO BOX 1619  
City-St-Zip: ALACHUA, FL 32616

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARKLE, JAMES A  
Address: 14616 NW 128TH TERR  
City-St-Zip: ALACHUA, FL 32615

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:** JAMES A MARKLE

OWN

03/23/2009

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