

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118105

FILED
Jan 29, 2011
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:

14616 NW 128TH TERR
ALACHUA, FL 32615

New Mailing Address:

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
Name: MARKLE, JAMES A
Address: 14616 NW 128TH TERR
City-St-Zip: ALACHUA, FL 32615

Title: MGRM
Name: MARKLE, THEANNA L
Address: 14616 NW 128TH TERR
City-St-Zip: ALACHUA, FL 32615

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: JAMES A MARKLE

MGRM

01/29/2011

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