

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002038

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMPLETE AUTO AND TRUCK REPAIR LLC

Current Principal Place of Business:

203 W. MARION AVE.
SUITE #7
EDGEWATER, FL 32132

New Principal Place of Business:

1730 FERN PALM DR.
SUITE E
EDGEWATER, FL 32132

Current Mailing Address:

203 W MARION AVE.
SUITE #7
EDGEWATER, FL 32132

New Mailing Address:

1730 FERN PALM DR.
SUITE E
EDGEWATER, FL 32132

FEI Number: 11-3826845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLACK, MICHAEL A
275 FLORATAM TRAIL
NEW SMYRNA BEACH, FL 32168 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: SCHLACK, MICHAEL A
Address: 275 FLORATAM TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: SCHLACK, EDWARD A
Address: 117 POINCIANA ROAD
City-St-Zip: EDGWATER, FL 32141

ADDITIONS/CHANGES:

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

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

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: MICHAEL A. SCHLACK

MGRM

04/14/2009

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