

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011989

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUTO EFFECTS, LLC.

Current Principal Place of Business:

916 N. MASSACHUSETTS AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

550 AVENUE K S.W.
WINTER HAVEN, FL 33880 US

Current Mailing Address:

1018 TRACE PLACE
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 26-1880191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INSURANCE CONSULTING, INC.
113 E. MAIN STREET
SUITE 5
LAKELAND, FL 33830 US

Name and Address of New Registered Agent:

FLORIDA INSURANCE CONSULTING, INC.
415-B E. MAIN ST. E. MAIN STREET
SUITE 5
BARTOW, FL 33830 US

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: OZ LOPEZ

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, WARREN D
Address: 1018 TRACE PLACE
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR (X) Delete
Name: PHILLIPS, DAPHNE
Address: 1018 TRACE PLACE
City-St-Zip: LAKELAND, FL 33813 US

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: WARREN PHILLIPS

MGRM

04/30/2009

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