

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096256

FILED  
Aug 28, 2009  
Secretary of State

**Entity Name:** SOUTHERN MOBILE REPAIR AND SERVICE, LLC

**Current Principal Place of Business:**

10087 LEWIS ANDERSON ROAD  
GLEN SAINT MARY, FL 32040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 803  
GLEN SAINT MARY, FL 32040 US

**New Mailing Address:**

FEI Number: 26-3565509      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:**

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

SWINDELL, DELILAH  
10087 LEWIS ANDERSON ROAD  
GLEN SAINT MARY, FL 32040 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: SWINDELL, DARIEL W SR.  
Address: PO BOX 803  
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: V-P ( ) Delete  
Name: SWINDELL, DELILAH  
Address: PO BOX 803  
City-St-Zip: GLEN SAINT MARY, FL 32040 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: DARIEL SWINDELL SR

P

08/28/2009

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