

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096387

**FILED**  
**Sep 06, 2011**  
**Secretary of State**

**Entity Name:** AARON AUTOMOTIVE TOWING AND RECOVERY L.L.C

**Current Principal Place of Business:**

9712 RECYCLE CENTER RD  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450396  
KISSIMMEE, FL 34745

**New Mailing Address:**

**FEI Number:** 26-3526491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AYED, KARIM  
9712 RECYCLE CENTER RD  
B  
ORLANDO, FL 32824 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:** AYED, KARIM  
**Address:** 2257 SIMPSON RIDGE CIR  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** AYED, TINIA  
**Address:** 9712 RECYCLE CENTER RD  
**City-St-Zip:** ORLANDO, FL 32824

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:** KARIM AYED

MGR

09/06/2011

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