

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098509

FILED
Aug 27, 2009
Secretary of State

Entity Name: IMPORTS PROFESSIONAL AUTO REPAIR, LLC

Current Principal Place of Business:

321-A EAST WASHINGTON STREET
MINNEOLA, FL 34715 US

New Principal Place of Business:

321 EAST WASHINGTON STREET
UNIT A
MINNEOLA, FL 34715 US

Current Mailing Address:

154 CARLYLE STREET
MINNEOLA, FL 34715

New Mailing Address:

PO BOX 1443
MINNEOLA, FL 34755

FEI Number: 26-3567688 **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:

ORTIZ-NEGRON, ERKIES
838 PARRISH DR
MINNEOLA, FL 34715 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: ORTIZ-NEGRON, ERKIES
Address: 838 PARRISH DR
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGRM () Delete
Name: NEGRON, OBED
Address: 838 PARRISH DR
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGRM () Delete
Name: MARIN, ERKIES S
Address: 2324 W. VERONA COURT
City-St-Zip: MILWAUKEE, WI 53215

Title: MGRM () Delete
Name: MOLINA, BLANCA I
Address: 154 CARLYLE STREET
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES:

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

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

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: ERKIES ORTIZ-NEGRON

MGRM

08/27/2009

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