2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L09000000014

Entity Name: MAC'S AUTOMOTIVE & TRANSMISSION CENTER, LLC

Current Principal Place of Business:

3501 OKEECHOBEE RD.
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

3501 OKEECHOBEE RD.
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 26-3950892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCALENEY, ROBERT
3501 OKEECHOBEE RD.
FORT PIERCE, FL 34950 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: MCALENEY, ROBERT
Address: 3501 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM ( ) Delete
Name: ANTONELLI, RALPH
Address: 3501 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM (X) Delete
Name: JADO, JOHN
Address: 3501 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JADO, JOHN
Address: 3501 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950 US

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: JAMES H MCCARTY JR, ESQ. ATTY 01/08/2009

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