

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000014

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

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

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

Title: MGRM  
Name: MENDENHALL, TINA  
Address: 3501 OKEECHOBEE RD.  
City-St-Zip: FORT PIERCE, FL 34950 US

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: ROBERT MCALENEY

MGRM

02/02/2011

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