

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005667

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** BROOKS AUTO REPAIR MOBILIZED LLC

**Current Principal Place of Business:**

1525 POLARIS ST.  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 542430  
MERRITT ISLAND, FL 32954 US

**New Mailing Address:**

**FEI Number:** 26-4165822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROOKS, EZEKIEL E SR.  
1525 POLARIS ST.  
MERRITT ISLAND, FL 32953 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:** BROOKS, EZEKIEL E SR.  
**Address:** 1525 POLARIS ST.  
**City-St-Zip:** MERRITT ISLAND, FL 32953

**Title:** MGR  
**Name:** BROOKS, MELISSA R  
**Address:** 1525 POLARIS ST.  
**City-St-Zip:** MERRITT ISLAND, FL 32953

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: EZEKIEL BROOKS

MGRM

04/09/2010

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