

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000006036

**FILED**  
**Jul 30, 2012**  
**Secretary of State**

**Entity Name:** S & S TRUCK REPAIRS, LLC

**Current Principal Place of Business:**

11545 PINE LOOP ROAD  
GLEN ST MARY, FL 32040 UN

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 968  
GLEN ST MARY, FL

**New Mailing Address:**

**FEI Number:** 90-0440366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHACKLETON, DALE  
11545 PINE LOOP ROAD  
GLEN ST MARY, FL 32040 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: MGR  
Name: SHACKLETON, DALE  
Address: P.O. BOX 968  
City-St-Zip: GLEN ST MARY, FL 32040 UN

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: DALE SHACKLETON

MGR

07/30/2012

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