

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014433

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** WAYNES AUTO REPAIR LLC

**Current Principal Place of Business:**

4205 W. ATLANTIC BLVD. #102  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

6709 NW 29 PL  
MARGATE, FL 33063

**Current Mailing Address:**

4205 W. ATLANTIC BLVD. #102  
COCONUT CREEK, FL 33066

**New Mailing Address:**

6709 NW 29 PL  
MARGATE, FL 33063

**FEI Number:** 80-0341711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GROVES, AMANDA  
6142 HOGAN CREEK RD  
MARGATE, FL 33063 US

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

WALLACE, LINDA  
6709 NW 29 PL  
MARGATE, FL 33063 US

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: LINDA WALLACE

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALLACE, LINDA  
Address: 6709 NW 29 PL  
City-St-Zip: MARGATE, FL 33063

Title: MGRM  
Name: WALLACE, WAYNE L  
Address: 6709 NW 29 PL  
City-St-Zip: MARGATE, FL 33063

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: WAYNE LEE WALLACE

MGRM

04/19/2010

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