

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018896

**Entity Name:** PACIFIC MEDICAL REPAIR LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3161 FAIRLANE FARMS RD., STE 4  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3161 FAIRLANE FARMS RD., STE 4  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 26-0666014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCHI, JAMES J  
6785 143 DRIVE  
LOXAHATCHEE, FL 33470 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: FRANCHI, JAMES J  
Address: 6785 143 DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM  
Name: R GALLANT ASSOCIATES  
Address: 140 HIGH STREET  
City-St-Zip: DUNSTABLE, MA 01827

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: RICHARD GALLANT

CEO

04/29/2011

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