

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081210

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** THE WATCH REPAIR CLINIC, LLC

**Current Principal Place of Business:**

1853 SE FEDERAL HWY  
1853  
STUART, FL 34994 M

**New Principal Place of Business:**

**Current Mailing Address:**

1853 SE FEDERAL HWY  
1853  
STUART, FL 34994 M

**New Mailing Address:**

**FEI Number:** 27-0831525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEST, JAMES M CPA  
50 SE KINDRED STREET #303  
STUART, FL 34994 US

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

GUEST, JAMES M CPA  
50 SE KINDRED STREET #303  
STUART  
STUART, FL 34994 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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ACOSTA, ELIODORO  
Address: 601 SE THANKSGIVING AVE  
City-St-Zip: PORT ST. LUCIE, FL 34984 25

Title: MGRM  
Name: ACOSTA, MARIE  
Address: 601 SE THANKSGIVING AVE  
City-St-Zip: PORT ST. LUCIE, FL 34984 25

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: ELIODORO ACOSTA

MGRM

02/16/2011

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