

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095333

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** AFTER HOURS RESTAURANT REPAIR LLC

**Current Principal Place of Business:**

1021 IONE DRIVE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

6672 NW 147TH TER  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

1021 IONE DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

6672 NW 147TH TER  
OKEECHOBEE, FL 34972

**FEI Number:** 27-1049285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKIPPER, MATTHEW H  
1021 IONE DRIVE  
FORT MYERS, FL 33919 US

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

SKIPPER, MATTHEW H  
6672 NW 147TH TER  
OKEECHOBEE, FL 34972 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: MATTHEW SKIPPER

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SKIPPER, MATTHEW H  
Address: 6672 NW 147TH TER  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR  
Name: COOPER, SHANDA L  
Address: 6672 NW 147TH TER  
City-St-Zip: OKEECHOBEE, FL 34972

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: MATTHEW SKIPPER

MGRM

04/14/2010

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