

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000106151

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** WILSON'S OFF ROAD SPECIALISTS, LLC.

**Current Principal Place of Business:**

1050 N. BEACH STREET  
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 N. BEACH STREET  
HOLLY HILL, FL 32117 US

**New Mailing Address:**

**FEI Number:** 27-1550911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, DANNY L  
629 CHEROKEE LANE  
HOLLY HILL, FL 32117 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: WILSON, DANNY L  
Address: 629 CHEROKEE LANE  
City-St-Zip: HOLLY HILL, FL 32117

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: DANNY L. WILSON

MGRM

04/24/2012

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