

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110696

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** CLAUDE'S PROFESSIONAL AUTO REPAIR, LLC

**Current Principal Place of Business:**

1653 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

1653 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 27-1333713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTALDI, LESLIE J ESQUIRE  
476 HIGHWAY A1A  
SUITE 8A  
SATELLITE BEACH, FL 32927 US

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

HOLLIS, JAMES E JR  
350 EUTAU  
INDIAN HAROBUR BEACH, FL 32927 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: JAMES E HOLLIS, JR

04/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLLIS, JAMES  
Address: 350 EUTAU COURT  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM  
Name: RADCLIFF, CLAUDE  
Address: 901 SERENADE STREET  
City-St-Zip: PALM BAY, FL 32907 US

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: JAMES E HOLLIS, JR

MGRM

04/08/2010

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