

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011683

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** TWO COUSIN'S AUTO BODY, LLC

**Current Principal Place of Business:**

4917 N UNIVERSITY DR  
BAY 9  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4917 N UNIVERSITY DR  
BAY 9  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 27-1831989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARACENO, MICHAEL D MGRM  
4917 N UNIVERSITY DR  
BAY 9  
SUNRISE, FL 33351 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:** RODRIGUEZ, RICHARD  
**Address:** 12241 NW 30TH MANNOR  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** MGRM  
**Name:** SARACENO, MICHAEL  
**Address:** 11520 NW 30TH PLACE  
**City-St-Zip:** SUNRISE, FL 33323

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:** MICHAEL SARACENO

PRES

04/20/2012

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