

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024869

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** JAMIE'S AUTO REPAIR & TRANSMISSION, LLC.

**Current Principal Place of Business:**

900-2 BUFFALO RD.  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

900-2 BUFFALO RD.  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 27-2046122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLTEN, JAMESON W  
5729 LORD ST  
SCOTTSMOOR, FL 32775 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: MGR  
Name: HOLTEN, JAMESON W  
Address: P O BOX 597  
City-St-Zip: SCOTTSMOOR, FL 32775

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: JAMESON HOLTEN

MGR

04/23/2012

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