

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067749

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** MADDEN AUTOMOTIVE SOLUTIONS LLC.

**Current Principal Place of Business:**

16191 SAN CARLOS BLVD, UNIT 4  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16970 SAN CARLOS BLVD  
STE-3-119  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

MADDEN, KEITH A  
14341 PORT COMFORT ROAD  
SANIBEL ISLAND, FL 33957    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:                     MADDEN, TERESA P  
Address:                16970 SAN CARLOS BLVD STE-3-119  
City-St-Zip:           FORT MYERS, FL 33908

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: TERESA P MADDEN

MGR

02/10/2011

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