

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104104

Entity Name: TRUE AUTO REPAIR, LLC

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6600 106TH ST N  
2  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

6600 106TH ST N  
2  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 27-3626716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AHRENDT, JAMES  
6600 106TH ST N  
2  
SEMINOLE, FL 33772 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: AHRENDT, JAMES  
Address: 9312 WESTLINKS TERR. #2  
City-St-Zip: SEMINOLE, FL 33777

Title: MGRM  
Name: WASIELEWSKI, WIESLAW  
Address: 9312 WESTLINKS TERR  
City-St-Zip: SEMINOLE, FL 33777

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 AHRENDT

MR.

05/03/2012

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