

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119793

**FILED**  
**Sep 16, 2011**  
**Secretary of State**

**Entity Name:** MIKE BEAVERS MOBILE MECHANIC, LLC

**Current Principal Place of Business:**

831 BROOKE MANOR DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6964  
TALLAHASSEE, FL 32314

**New Mailing Address:**

831 BROOKE MANOR DR.  
TALLAHASSEE, FL 32311

**FEI Number:** 27-3989099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEAVERS, MICHAEL D  
831 BROOKE MANOR DRIVE  
TALLAHASSEE, FL 32311 US

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

SCAPARRO, JESSICA M  
831 BROOKE MANOR DRIVE  
TALLAHASSEE, FL 32311 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: JESSICA SCAPARRO

09/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCAPARRO, JESSICA M  
Address: 831 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGR  
Name: BEAVERS, MICHAEL D  
Address: 831 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

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: JESSICA SCAPARRO

MGR

09/16/2011

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