

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016979

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ARTISTIC AUTO RESTORATIONS OF FLORIDA, LLC

**Current Principal Place of Business:**

2101 STARKEY RD.  
UNIT E2, BUILDING E  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

12453 DEL VERDE DR.  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 27-4895043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MARK C  
12453 DEL VERDE DR.  
LARGO, FL 33773 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: ADAMS, MARK C  
Address: 12453 DEL VERDE DR.  
City-St-Zip: LARGO, FL 33773 US

Title: MGRM  
Name: ADAMS, ALICE L  
Address: 12453 DEL VERDE DR.  
City-St-Zip: LARGO, FL 33773 US

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: MARK ADAMS

MGRM

04/27/2012

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