

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000034346

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

**Entity Name:** FUEL INJECTOR PHYSICIAN LLC

**Current Principal Place of Business:**

2426 S. BROWN AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

4980 PATCH RD.  
SUITE B  
ORLANDO, FL 32822

**Current Mailing Address:**

2426 S. BROWN AVE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 45-0925998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, SETH W  
2426 S. BROWN AVE  
ORLANDO, FL 32806 US

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

CENTRAL FLORIDA REBUILDERS LLC  
4980 PATCH RD.  
SUITE B  
ORLANDO, FL 32822 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: SETH HOWARD

08/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CENTRAL FLORIDA REBUILDERS LLC  
Address: 4980 PATCH RD  
City-St-Zip: ORLANDO, FL 32822

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: SETH W. HOWARD

MGR

08/27/2012

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