2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# L11000116271

Entity Name: ACADEMIC RECOVERY AND TOWING LLC

Current Principal Place of Business:

861 SE ACADEMIC AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3685
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 45-4017529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUFFO, JEFFERY L
6429 NW LAKE JEFFERY RD
LAKE CITY, FL 32055 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: RUFFO, TEENA M
Address: 6429 NW LAKE JEFFERY RD
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM
Name: RUFFO, JEFFERY L
Address: 6429 NW LAKE JEFFERY RD.
City-St-Zip: LAKE CITY, FL 32055

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 Statues.

SIGNATURE: JEFFERY L RUFFO MGRM 01/23/2012

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