

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122414

**Entity Name:** VALIP AUTO REPAIR LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

28380 OLD 41 RD  
STE# 6A  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

27643 DORTCH AVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 45-3662035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMIREZ RAMIREZ, WILLIE V  
27643 DORTCH AVE  
BONITA SPRINGS, FL 34135 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:** MGR  
**Name:** RAMIREZ RAMIREZ, WILLIE V  
**Address:** 27643 DORTCH AVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** MGR  
**Name:** GOMEZ DE LEON, ALDER Y  
**Address:** 27643 DORTCH AVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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: WILLIE RAMIREZ

MGR

03/21/2012

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