

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008218

1. Entity Name

MOBILE MECHANIC SERVICE, L.L.C.



Principal Place of Business

232 NW 26TH ST
MIAMI FL 33127

Mailing Address

P.O. BOX 472604
MIAMI FL 33247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

52-2140870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEYLIGER, LAWRENCE W
232 NW 26TH ST
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR, HEYLIGER, LAWRENCE W.
STREET ADDRESS 232 NW 26TH ST
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS 000000531775
CITY-ST-ZIP 05/06/06-80057-022 50.00

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
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TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Lawrence W. Heyliger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr. 22, 2006 / 786-252-7551
Date Daytime Phone #