

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001178

FILED
Jan 22, 2008
Secretary of State

Entity Name: COMMERICAL REPAIRS & SALES LLC

Current Principal Place of Business:

9225 BAY PLAZA BLVD.
SUITE 405
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

125 ELM AVE,
NEWTON, NJ 07860

New Mailing Address:

FEI Number: 04-3731405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANCIULLI, KELLY ANN
2031 GLEN FORGE STREET
BRANDON, FL 33511 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 () Delete
Name: CIANCIULLI, KELLY
Address: 2031 GLEN FORGE STREET
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: MCNAMARA, JASON G
Address: 915 FAIRWAY COVE LANE #107
City-St-Zip: BRADENTON, FL 34212

Title: MGRM (X) Delete
Name: MUELLER, MATTHEW M
Address: 35536 SOPHIE DRIVE
City-St-Zip: ZEPHRILLS, FL 33541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MUELLER, MATTHEW M
Address: 35536 SOPHIE DRIVE
City-St-Zip: ZEPHRILLS, FL 33541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KELLY ANN CIANCIULLI

MGRM

01/22/2008

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