

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025168

**Entity Name:** BRUCE JOHNSON MOBILE REPAIR SERVICE, LLC

**Current Principal Place of Business:**

353 RICKY DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

353 RICKY DRIVE  
JACKSONVILLE, FL 32225

**FEI Number:** 20-2476415

**Certificate of Status Desired:** No

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

NOLAN, JAMES .A. ESQ.  
50 NORTH LAURA STREET,  
SUITE 1100  
JACKSONVILLE, FL 32202 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:** JAMES A. NOLAN

04/22/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JOHNSON, BRUCE W  
Address 353 RICKY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE W. JOHNSON

MGRM

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date