

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000116271

**Entity Name:** ACADEMIC RECOVERY AND TOWING LLC

**Current Principal Place of Business:**

861 SE ACADEMIC AVE  
LAKE CITY, FL 32025

**Current Mailing Address:**

P. O. BOX 3685  
LAKE CITY, FL 32056

**FEI Number:** 45-4017529

**Certificate of Status Desired:** No

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

RUFFO, JEFFERY L  
6429 NW LAKE JEFFERY RD  
LAKE CITY, FL 32055 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RUFFO, TEENA M  
Address 6429 NW LAKE JEFFERY RD  
City-State-Zip: LAKE CITY FL 32055

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFERY L RUFFO

**PRESIDENT**

**04/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date