

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000067883

Entity Name: NATIONAL FLEET REPAIR SOLUTIONS, LLC

Current Principal Place of Business:

1000 RIVERSIDE AVE., STE. 400
JACKSONVILLE, FL 32204

Current Mailing Address:

1000 RIVERSIDE AVE., STE. 400
JACKSONVILLE, FL 32204 US

FEI Number: 83-4131461

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
TION
ONE INDEPENDENT DRIVE, STE. 3300
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	HOLMES, LOCKWOOD P	Name	ATLEE, KENYON S
Address	1000 RIVERSIDE AVE., STE. 400	Address	5213 ORTEGA OAKS LANE
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32210

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: LOCKWOOD P. HOLMES

MGR

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date