

**2021 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**

**04/06/2021**

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

\_\_\_\_\_  
Date