

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000048

Entity Name: AXCO OF FLORIDA, L.L.C.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

4601 FOWLER ST
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

4601 FOWLER ST
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1071941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZ, AXEL
926 THIRD STREET
FORT MYERS BEACH, FL 33931 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: SCHULZ, AXEL
Address: 926 THIRD STREET
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM () Delete
Name: GLANZNER, MANFRED
Address: 1434 ARGYLE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: CAPE CAR CARE, LLC
Address: 3031 26TH AVE SW
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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

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: AXEL SCHULZ

MGRM

04/18/2009

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