

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114669

Entity Name: A WEST PALM AUTO CARE CENTER & DIAGNOSTICS, INC.

Current Principal Place of Business:

3090 SHAWNEE AVENUE
WEST PALM BEACH, FL 33409

Current Mailing Address:

3090 SHAWNEE AVENUE
WEST PALM BEACH, FL 33409 US

FEI Number: 20-3323207

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAUGHNESSY, STEVE
3090 SHAWNEE AVENUE
WEST PALM BEACH, FL 33409 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

Officer/Director Detail :

Title PVST
Name SHAUGHNESSY, STEVE
Address 3090 SHAWNEE AVENUE
City-State-Zip: WEST PALM BEACH FL 33409

Title D
Name SHAUGHNESSY, STEVE
Address 3090 SHAWNEE AVENUE
City-State-Zip: WEST PALM BEACH FL 33409

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SHAUGHNESSY I WAS ADVISED TO MAIL IN OWNER
CHECK WHICH WAS DONE A WEEK AGO AND
COULDNT ACCESS THIS PAGE KEPT SAYING
ERROR. SPOKE TO REP

05/02/2014

Electronic Signature of Signing Officer/Director Detail

Date