

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000173608

**Entity Name:** TECH AUTO CARE LLC

**Current Principal Place of Business:**

426 N. SEGRAVE  
DAYTONA, FL 32114

**Current Mailing Address:**

426 N. SEGRAVE  
DAYTONA, FL 32114 US

**FEI Number:** 46-4944607

**Certificate of Status Desired:** No

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

NOBLES, SHANDA  
6443 LONGLAKE DR.  
PORT ORANGE, FL 32128 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  
Name NOBLES, SHANDA  
Address 6443 LONGLAKE DR.  
City-State-Zip: PORT ORANGE FL 32128

*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:** SHANDA NOBLES

**OWNER**

**03/23/2015**

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

\_\_\_\_\_  
Date