

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000107598

**Entity Name:** WEST COAST WHEEL REPAIR

**Current Principal Place of Business:**

202 NW 29TH AVENUE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

202 NW 29TH AVENUE  
CAPE CORAL, FL 33993

**FEI Number:** 47-1401254

**Certificate of Status Desired:** Yes

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

GARZONI, MAUREEN A  
202 NW 29TH AVENUE  
CAPE CORAL, FL 33993 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 AMBR  
Name GARZONI, VICTOR IV  
Address 202 NW 29TH AVENUE  
City-State-Zip: CAPE CORAL FL 33993

Title AMBR  
Name GARZONI, VICTOR A  
Address 202 NW 29TH AVENUE  
City-State-Zip: CAPE CORAL FL 33993

*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:** VICTOR GARZONI IV

AMBR

03/10/2016

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

\_\_\_\_\_ Date