

2017 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: No

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

OWNER

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date