

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000004725

Entity Name: TEAM CAR CARE, LLC**Current Principal Place of Business:**105 DECKER CT, SUITE 900
IRVING, TX 75062**Current Mailing Address:**105 DECKER CT, SUITE 900
IRVING, TX 75062 US**FEI Number:** 82-4479264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	TEAM CAR CARE HOLDINGS, LLC
Address	105 DECKER CT, SUITE 900
City-State-Zip:	IRVING TX 75062

Title	CEO
Name	BALAGNA, JEFF
Address	105 DECKER CT, SUITE 900
City-State-Zip:	IRVING TX 75062

Title	CHAIRMAN
Name	MURPHY, ERIN
Address	105 DECKER CT, SUITE 900
City-State-Zip:	IRVING TX 75062

Title	CFO
Name	SHEELY, BOB
Address	105 DECKER CT, SUITE 900
City-State-Zip:	IRVING TX 75062

Title	TREASURER
Name	LEI, REGGIE
Address	105 DECKER CT, SUITE 900
City-State-Zip:	IRVING TX 75062

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: REGGIE LEI

TREASURER

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date