

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000000537

1. Entity Name

FIRST CLASS CAR CARE CENTER, L.L.C.



Principal Place of Business

8090 GLADIOLUS DRIVE
FORT MYERS, FL 33908

Mailing Address

8090 GLADIOLUS DRIVE
FORT MYERS, FL 33908



03182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, DANIEL
3335 TWIN LAKES LANE
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000947881
06/02/08-80032-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STRAUSS, DANIEL
STREET ADDRESS 3335 TWIN LAKES LANE
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MGR
NAME MARISELA BERMUDEZ-STRAUSS
STREET ADDRESS 3335 TWIN LAKES LANE
CITY-ST-ZIP SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #