FILED
Apr 11, 2008 8:00 am
Secretary of State

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02-01-2008 90048 003 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005603

1. Entity Name
AUTO CARE CENTER OF BOCA RATON, LLC

30003753

Principal Place of Business
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

Mailing Address
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

01302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-1021679 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HEISE, MARTIN P
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ Member BERSON, GERALD S ~~947 CLINT MOORE RD~~ 2200 NW 2 Ave, Ste 220 ~~BOCA RATON, FL 3349~~ Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Gerald J Berson ☒ Change ☐ Addition ← See New Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ Member HEISE, MARTIN P ~~947 CLINT MOORE RD~~ 2200 NW 2 Ave, Ste 220 ~~BOCA RATON, FL 3349~~ Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martin P Heise ☒ Change ☐ Addition ← See New Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Martin Heise 1/30/08 561-997-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #