

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010591

Entity Name: CAR CARE CONCEPTS, LLC

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

13501 SW 137 AVENUE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

13501 SW 137 AVENUE  
MIAMI, FL 33156

**New Mailing Address:**

8603 SOUTH DIXIE HWY  
#401  
MIAMI, FL 33143

FEI Number: 65-1040954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZBIK, DAVID A  
13501 SW 137 AVENUE  
MIAMI, FL 33156 US

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

ZBIK, DAVID A  
8603 SOUTH DIXIE HWY  
#401  
MIAMI, FL 33143 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: \_\_\_\_\_

01/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ZBIK, DAVID  
Address: 13501 SW 137 AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Delete  
Name: SMITH, ERIK  
Address: 13501 SW 137 AVENUE  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZBIK, DAVID  
Address: 8603 SOUTH DIXIE HWY #401  
City-St-Zip: MIAMI, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID ZBIK

MRGM

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date