

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000012967

1. Entity Name
**AUTOMOTIVE CONCEPTS CUSTOMER SATISFACTION,
L.L.C.**



Principal Place of Business
**9513 CYPRESS HAMMOCK CIRCLE #101
BONITA SPRINGS, FL 34134**

Mailing Address
**9513 CYPRESS HAMMOCK CIRCLE #101
BONITA SPRINGS, FL 34134**



07172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, JOSEPH R
9513 CYPRESS HAMMOCK CIRCLE #101
BONITA SPRINGS, FL 34134**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLOOM, JOSEPH R
STREET ADDRESS	9513 CYPRESS HAMMOCK CIRCLE #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	MGR
NAME	JOSEPHINE H. AUFFENBERG REVOCABLE TRUST
STREET ADDRESS	55 CASTLE HARBOR ISLAND
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000769494
07/19/07-80003-010 50.00

**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

Joseph R. Bloom

Date

7/19/07

Daytime Phone #

314-692-7500