


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015514 1. Entity Name AUTO CARE CENTER OF BRANDON, LLC	
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Principal Place of Business 943 CLINT MOORE RD. BOCA RATON, FL 33487	Mailing Address 943 CLINT MOORE RD. BOCA RATON, FL 33487
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03022008No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065992	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HEISE, MARTIN P 943 CLINT MOORE RD. BOCA RATON, FL 33487
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**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 May 1, 2006**

1000001456130
03/16/06-80013-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487
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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

3/3/06 561-997-0016
Date Daytime Phone #