

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005495

FILED
Feb 16, 2009
Secretary of State

Entity Name: AUTO CARE CENTER OF VENICE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2200 NW 2ND AVENUE
SUITE 220
BOCA RATON, FL 33431

Current Mailing Address:

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

New Mailing Address:

2200 NW 2ND AVENUE
SUITE 220
BOCA RATON, FL 33431

FEI Number: 65-1088846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEISE, MARTIN P
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEISE, MARTIN P
Address: 220 NW 2 AVE STE 220
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: BERSON, GERALD S
Address: 2200 NW 2 AVE STE 220
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEISE, MARTIN P
Address: 2200 NW 2ND AVE, STE 220
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change () Addition
Name: BERSON, GERALD S
Address: 2200 NW 2ND AVE, STE 220
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTIN HEISE

MGRM

02/16/2009

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