

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022490

FILED
Jul 21, 2005
Secretary of State

Entity Name: AUTO PRO SERVICE CENTER, LLC

Current Principal Place of Business:

2590 PALM AVE
HIALEAN, FL 33210 US

New Principal Place of Business:

2590 PALM AVE
HIALEAH, FL 33010 US

Current Mailing Address:

2590 PALM AVE
HIALEAN, FL 33210 US

New Mailing Address:

2590 PALM AVE
HIALEAH, FL 33010 US

FEI Number: 02-0533543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LECUMBERRY, SYLVIA M
2590 PALM AVE
HIALEAN, FL 33210 US

Name and Address of New Registered Agent:

LECUMBERRY, SYLVIA M
2590 PALM AVE
HIALEAN, FL 33010 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: SYLVIA LECUMBERRY

07/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LECUMBERRY, SYLVIA M
Address: 10001 SW 70TH ST.
City-St-Zip: MIAMI, FL 33173 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MOZAS, ANGEL
Address: 2590 PALM AVE
City-St-Zip: HIALEAH, FL 33010

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: SYLVIA LECUMBERRY

MGRM

07/21/2005

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