


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017039 1. Entity Name AUTOTECH TOTAL CAR CARE, LLC	
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Principal Place of Business 2903 E. MOODY BLVD. BUNNELL, FL 32110	Mailing Address 2903 E. MOODY BLVD. BUNNELL, FL 32110
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03262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3700907	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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DARA SWEATT, DAWN
 2903 E. MOODY BLVD.
 BUNNELL, FL 32110

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

U00000122695
 04/21/04-80039-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEATT, DAWN 2903 EAST MOODY BLVD BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWEATT, JAY 2903 EAST MOODY BLVD BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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:  9/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #