

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017039

FILED
Jan 29, 2009
Secretary of State

Entity Name: AUTOTECH TOTAL CAR CARE, LLC

Current Principal Place of Business:

2903 E. MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

2902 E. MOODY BLVD.
BUNNELL, FL 32110

Current Mailing Address:

2903 E. MOODY BLVD.
BUNNELL, FL 32110

New Mailing Address:

2902 E. MOODY BLVD.
BUNNELL, FL 32110

FEI Number: 04-3700907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DARA SWEATT, DAWN
2902 E. MOODY BLVD.
BUNNELL, FL 32110 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: _____

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SWEATT, DAWN
Address: 2903 EAST MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: SWEATT, JAY
Address: 2903 EAST MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SWEATT, DAWN
Address: 2902 EAST MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

Title: VP (X) Change () Addition
Name: SWEATT, JAY
Address: 2902 EAST MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

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: JAY SWEATT

MR

01/29/2009

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