2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021402

1. Entity Name
AMERICAN CAR CARE CENTER WEST, LLC

Principal Place of Business	Mailing Address
6412 MANATEE AVE. W. BRADENTON, FL 34209	6412 MANATEE AVE. W. BRADENTON, FL 34209

02032004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1631067
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON, FL 34209

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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

U00000092682
03/19/04-80019-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	V
NAME	KALLIS, ZACKARY
STREET ADDRESS	6412 MANATEE AVE. W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	P
NAME	SHERWOOD, CHRISTOPHER
STREET ADDRESS	6412 MANATEE AVE. W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	KALLIS, JOHN
STREET ADDRESS	640 MANATEE AEV. W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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: X _____ 2/4/04 941-794-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #