

**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 6412 MANATEE AVE. W. BRADENTON, FL 34209	Mailing Address 6412 MANATEE AVE. W. BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE

	
02032004 No Chg-LLC	CR2E083 (10/03)
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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

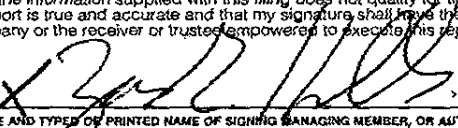
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03/19/04-80019-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KALLIS, ZACKARY 6412 MANATEE AVE. W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHERWOOD, CHRISTOPHER 6412 MANATEE AVE. W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KALLIS, JOHN 640 MANATEE AVE. W BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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:  **2/10/04 94-794-5007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #