

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED
Feb 02, 2005 08:00 AM
Secretary of State



01172005 No Chg-LLC

CR2E083 (10/03)

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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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02/02/05-80106-013 50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-3005 (941) 774-500