


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021402</b> 1. Entity Name <b>AMERICAN CAR CARE CENTER WEST, LLC</b>	
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Principal Place of Business <b>6412 MANATEE AVE. W. BRADENTON, FL 34209</b>	Mailing Address <b>6412 MANATEE AVE. W. BRADENTON, FL 34209</b>
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01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>16-1631067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> 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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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, 2007**

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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01/25/07-80037-016 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **1/19/07** Daytime Phone # \_\_\_\_\_