

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023649

Entity Name: EXPERT CAR CARE 3, L.L.C.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2125 SAXON BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

2123 SAXON BLVD
DELTONA, FL 32725 US

Current Mailing Address:

315 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 35-2180672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADA, JAMES R
315 SPRING LAKE HILLS DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SADA, JAMES R
Address: 315 SPRING LAKE HILLS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: SADA, DONNA
Address: 315 SPRING LAKE HILLS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES SADA

MGR

04/27/2009

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