

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023649

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2123 SAXON BLVD  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 SPRING LAKE HILLS DR  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

1009 HILL ST  
NSB, FL 32169 US

**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:**

SADA, JAMES R  
1009 HILL ST  
NSB, FL 32169 US

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:** JAMES SADA

01/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SADA, JAMES R  
**Address:** 1009 HILL ST  
**City-St-Zip:** NSB, FL 32169

**Title:** MGR  
**Name:** SADA, DONNA  
**Address:** 1009 HILL ST  
**City-St-Zip:** NSB, FL 32169

I hereby 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

MGRM

01/27/2012

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