

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017715

Entity Name: AUTO SPA NAPLES, LLC

FILED  
Apr 26, 2004  
Secretary of State

## Current Principal Place of Business:

445 DOCKSIDE DRIVE  
#904  
NAPLES, FL 34110 US

## New Principal Place of Business:

## Current Mailing Address:

445 DOCKSIDE DRIVE  
#904  
NAPLES, FL 34110 US

## New Mailing Address:

P.O. BOX 110687  
NAPLES, FL 341080124 US

FEI Number: 33-1072826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E  
5129 CASTELLO DRIVE  
#1  
NAPLES, FL 34103 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/MEMBERS:

Title: MGR ( ) Delete  
Name: TSCHETTER, RONALD A  
Address: 445 DOCKSIDE DRIVE, #904  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR ( ) Delete  
Name: TSCHETTER, NANCY E  
Address: 445 DOCKSIDE DRIVE, #904  
City-St-Zip: NAPLES, FL 34110 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TSCHETTER, RONALD A  
Address: 445 DOCKSIDE DRIVE, #904  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM (X) Change ( ) Addition  
Name: TSCHETTER, NANCY E  
Address: 445 DOCKSIDE DRIVE, #904  
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON TSCHETTER

MGRM

04/26/2004

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