


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90086 045 *****55.00

DOCUMENT # L04000001250 1. Entity Name EXPRESS AUTO OIL AND LUBE, LLC					
Principal Place of Business 1200 CENTRAL AVENUE NAPLES, FL 33940			Mailing Address 1200 CENTRAL AVENUE NAPLES, FL 33940		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5035 Yacht Harbor Drive Suite, Apt. #, etc. Unit 101		04272004 Chg-LLC CR2E083 (10/03)	
City & State Naples FL		City & State Naples FL		4. FEI Number 20-0461603	
Zip 33940		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STELIK, JOHN 1200 CENTRAL AVENUE NAPLES, FL 33940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: <u>Valore H. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			April 29, 2004 901683-3850 <small>Date Daytime Phone #</small>		

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